

**Kentucky Down Under Adventure Zoo / Mammoth Onyx Cave**

**P.O. Box 10 Horse Cave, Kentucky 42749**

**Telephone # 270-786-1010 Fax # 270-786-4100**

**Applicants may be tested for illegal drugs.**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Tel.**

**Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**If under 18, please list age:** \_\_\_\_\_. **Can you provide required proof of your eligibility to work?** \_\_\_\_\_

**Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?** \_\_\_\_\_ **Proof of citizenship or immigration status will be required upon employment.**

**Position applied for:** Café \* Cave Guide \* Animal Crew \* Ticket Sales \*  
Maintenance \* Landscaping

**How many hours can you work weekly?** \_\_\_\_\_ **Can you travel if the job requires?** \_\_\_\_\_

**When are you available to work?** \_\_\_\_\_

**Days/Hours Available:** \_\_\_Sun. \_\_\_Mon. \_\_\_Tue. \_\_\_Wed. \_\_\_Thur. \_\_\_Fri. \_\_\_Sat, \_\_\_

**Have you been convicted of a felony within the last 7 years?** \_\_\_\_\_ **If yes, briefly explain:** \_\_\_\_\_

**DO YOU HAVE A VALID DRIVER'S LICENSE?** \_\_\_\_\_ **DL#** \_\_\_\_\_ **Exp.** \_\_\_\_\_

**What is your means of transportation to work?** \_\_\_\_\_

**Have you had any accidents during the past 3 yrs?** \_\_\_\_\_ **How Many?** \_\_\_\_\_

**Have you had any moving violations during the past 3 yrs?** \_\_\_\_\_ **How Many?** \_\_\_\_\_

**Education**



2: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Employment Experience – please list your work experience**

Employer name, address & telephone #	Employment dates: To: From:	Hourly rate or salary:	Reason for leaving:
Name of your last supervisor:		Your last job title:	
Employer name, address & telephone#	Employment dates: To: From:	Hourly rate or salary:	Reason for leaving:
Name of your last supervisor:		Your last job title:	
Employer name, address & telephone #	Employment dates: To: From:	Hourly rate or salary:	Reason for leaving:
Name of your last supervisor:		Your last job title:	

May we contact your present employer? \_\_\_\_\_

Did you complete this application yourself? \_\_\_\_ If not, who did? \_\_\_\_\_

Are you physically or otherwise able to perform the duties of the job for which you are applying? \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER** - We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**Application Form Waiver**

I certify that answers given herein are true and complete to the best of my knowledge.

In exchange for the consideration of my job application by KDU ZOO LLC. DBA; Kentucky Down Under Adventure Zoo, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit

plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of Kentucky Down Under Adventure Zoo, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by written instrument signed by the President/General Manager of the Company. Both the undersigned and Kentucky Down Under Adventure Zoo may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give the Company permission to contact schools, previous employers ( unless otherwise indicated ) references and others and hereby release the Company from any liability as a result of such contract.

I further understand that my employment with the Company shall be probationary for a period of twenty-eight (28) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Thank you for completing this application form and for your interest in our business.**

**FOR PERSONNEL DEPARTMENT ONLY**

Arrange an interview: Yes \_\_\_ No \_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Interview Date: \_\_\_\_\_

Employed: Yes \_\_\_ No \_\_\_ Hourly Rate/Salary: \_\_\_\_\_ Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

By: \_\_\_\_\_

Name and Title

Date

