



Cat Tales Zoological Park
Cat Tales Zoological Training Center

17020 N. Newport Hwy, Mead, WA 99021 (509) 238-4126
<http://www.cattales.org> - mail@cattales.org

Zoological Technology Program Application

PLEASE PRINT CLEARLY / COMPLETE ALL ITEMS

Date Submitted:	Phone Number:
Full Name:	
Street Address:	
City:	State and Zip code:
E-mail Address:	
How did you hear about the Zoological Technology Program?	

Background Information – This is required to conduct a background check on all applicants

Date of Birth:	SSA#:
Highest Education Level:	
High School:	College:
Have you ever been convicted of a crime? If yes, list all convictions showing dates:	

Education – Fill out general information & Attach your resume if you have one

School	Address	Degree & Date

Related Experience – Fill out general information & Attach your resume if you have one

Name of Business	Supervisor / Contact Info	Your Duties
Location		
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Location		
Name of Business	Supervisor / Contact Info	Your Duties
Location		

Essay Question

Tell us about yourself and why you are enrolling in the Program. Use an additional sheet if needed.

References – Please provide three references whom we may contact.

Name:	Phone:
Email:	Relationship:
Name:	Phone:
Email:	Relationship:
Name:	Phone:
Email:	Relationship:

Agreement – Read thoroughly before signing

I understand that the information on my school application is subject to check and verification by Cat Tales Zoological Training Center, and that my previous and present employers, organizations, and volunteer associations may be asked for information as to my character and record with them.

I hereby grant permission to Cat Tales Zoological Training Center to contact these employers, organizations, and volunteer associations, and further, I hereby authorize my former and/or present employers, organizations, and volunteer associations to give any information as to my character and employment record with them.

I also grant permission to Cat Tales Zoological Training Center to obtain information from and/or copy police and court records in order to conduct a pre-acceptance investigation on me.

I hereby release from all liability and damages those individuals, companies, organizations, or agencies who provide information as stated above.

Should I become a student, I agree to comply with all rules and regulations of Cat Tales Zoological Training Center. I understand that I am applying for a voluntary position to help Cat Tales Zoological Training Center in a non-paid position. I realize that there are many hazards at Cat Tales Zoological Training Center that deal with animals, diseases, and other dangerous and unpredictable injuries. I am aware of my own health and physical limitation, which might not be obvious to my supervisor. I realize that it is my responsibility to decline any work that is beyond my capacity (physical or mental), so that my safety and health is maintained.

I agree to release and hold harmless Cat Tales Zoological Training Center from any accident, injury, illness, or damage sustained as a Student, while serving in such a capacity. I waive my rights to seek any form of damages and instruct my heirs and beneficiaries to honor this agreement.

The parties to this Agreement do hereby mutually recognize that Cat Tales Zoological Training Center does not provide Workman’s Compensation or any other type of liability insurance. Accordingly, persons such as Students are not covered by Cat Tales Zoological Training Center for such forms of insurance.

Students will be responsible for paying for a TB test at a doctor or facility of his/her choice. For the welfare of the employees and animals, Cat Tales Zoological Training Center requires all student working in Animal Care departments to receive a TB test, and have it read negative, in order to be a student at Cat Tales Zoological Training Center in such capacity. If proof of negative TB test is available, current within the last 12 months, please submit proof with application. The student must be current on their Tetanus vaccination; proof must be provided once the applicant is accepted into the Cat Tales Zoological Training Center Program in the Animal Care Department. All vaccinations are at the student’s expense.

I certify that the information given by me in this application is true and complete. Furthermore, I certify that I have read and understand the above. I understand that a guardian’s permission and signature is required along with my own if I am under the age of 18 and applying for acceptance to the Program once I turn 18 years of age.

Signature:	Date:
Print Name:	

Guardian’s Signature, if under 18:	Date:
Print Name:	