



**IHR HUMAN RESOURCES DEPARTMENT USE ONLY**

Type: Volunteer  Intern  New Hire  Rehire  Return  \_\_\_\_\_  
 Term: Seasonal  Winter  Summer  Fall  Casual  Full  Part

Forms: Background  Handbook  Drivers License  SS card  Waiver   
 TB  Tetanus  Release  I-9  W-4

Trainer: \_\_\_\_\_ Training Completed: \_\_\_/\_\_\_/\_\_\_

Position: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Effective Date: \_\_\_/\_\_\_/\_\_\_ Finish Date: \_\_\_/\_\_\_/\_\_\_ Initials: \_\_\_\_\_

**APPLICATION**

Contact: Brittany Iddings  
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**GENERAL INFORMATION**

Full Name: \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip

Cell Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Text? YES  NO  E-mail: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security # \_\_\_\_\_ -- \_\_\_\_\_ Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

Applying for: Internship\*  Volunteer\*  Employment  \*must commit to IHR's pre-set schedule requirements

Interest: Administrations  Animal Care  Business Operations  Public Education & Program Development

Online Marketing  Advancement  Human Resources  Behavioral Observation & Conservation

When are you available?

- Mornings
- Evenings
- Weekends

Days & Hours Available	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.
From:							
To:							

How were you referred to Idle-Hour Ranch? Friends  Relative  School  Walk-In  Website  Rehire

Person's Name: \_\_\_\_\_ Social Media or Website: \_\_\_\_\_

Newspaper Name: \_\_\_\_\_ School/Other: \_\_\_\_\_

Have you ever assisted/worked for an entertainment-based facility, or one that works with exotic animals? YES  NO

If yes, Organization's Name: \_\_\_\_\_ Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

Do you know anyone currently employed, volunteering, or interning at Idle-Hour Ranch? YES  NO

Names/Association: \_\_\_\_\_

**U.S.A.**

Can you prove U.S. citizenship? YES  NO  Have you ever served in the military? YES  NO  How many years? \_\_\_\_\_

Are you currently serving in the military? YES  NO  Branch of US Service: \_\_\_\_\_

Special Training/Duties: \_\_\_\_\_

**EDUCATION**

Circle Highest Grade Completed: High School (9, 10, 11, 12) College (1, 2, 3, 4+) Graduate School (MA, MS, MBA, ME, JD, PhD)

Name & Location	Major	Graduate?	Degree
Graduate School:		Y N	
Jr. College/College:		Y N	
High School:		GED: YES <input type="checkbox"/> NO <input type="checkbox"/>	

Apprentice, Professional or Vocational Training: \_\_\_\_\_

Are you presently enrolled in school? YES  NO  School: \_\_\_\_\_

Honors or Awards, Leadership Positions Held: \_\_\_\_\_

Which internship are you applying for (as outlined in your IHR Application Packet)? Summer  Fall  Winter

Reference (professor/advisor) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ E-mail: \_\_\_\_\_

If you are seeking school credit, what is the registration deadline for the semester at your school? \_\_\_\_\_ If you are seeking credit please include a copy of the requirements for credit, and a letter from your advisor verifying that you will be receiving credit. During your internship, you may be asked to go to other areas of IHR when needed. Do you understand that your rotation may be interrupted temporarily on occasion and there will be a need for flexibility on your part? YES  NO

WORK EXPERIENCE	<b>Attach additional sheets for this side of Application, if necessary</b>			
	Company Name	Titles	From ____/____	Reason for Leaving
	Street	Duties	month/year	
	City	State	To ____/____	
	Supervisor's Name/Title	Phone #	month/year	
	May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/> ...Why not?			
	Company Name	Titles	From ____/____	Reason for Leaving
	Street	Duties	month/year	
	City	State	To ____/____	
	Supervisor's Name/Title	Phone #	month/year	
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/> ...Why not?				
Special Skills: _____				
Identify and explain all periods of unemployment within the last ten years (please attach additional sheet) _____				
MEDICAL	Medical Conditions: _____			
	Allergies: _____			
	Medications: _____			
Restrictions: _____				
Health Insurance Provider: _____ Policy # _____				
Emergency Contact: _____ Relationship: _____ Phone: (____) _____ - _____				
Physician: _____ Phone: (____) _____ - _____ Permission to transport by ambulance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
PERSONAL	(Exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; & misdemeanor convictions for which probation was successfully completed or otherwise discharged & the case was judicially dismissed.) If you have ever been convicted of a crime (felony or misdemeanor), please describe the nature of the crime, the date and place of convictions, and the legal disposition of the case(s): _____			
	Are you, as a result of a conviction, a registered sex offender? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	If yes, briefly give details including date, location (state), nature of offense and disposition: _____			
NOTE: IHR will not deny employment to any applicant solely because the person has been convicted of a crime. Each case will be evaluated based on its own facts & merits.				
CERTIFICATION	<b>My signature below certifies that I have read, understand, and agree to the following:</b>			
	<i>Verification of Data:</i> I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification or distortion of this information or a material omission may result in denial of an offer by IHR or my immediate termination.			
	<i>"At-Will" Employment Agreement:</i> Employment with Idle-Hour Ranch (IHR) is "at will". This means that employment is at the mutual consent of you and IHR and is not for a specified period of time. Accordingly, either you or IHR can terminate your employment relationship at will, at any time, with or without cause, and with or without advanced notice. This at-will relationship will remain in effect throughout your employment with IHR. Only a written employment contract, or agreement, which explicitly modifies the at-will employment relationship and is signed by the CEO or COO of IHR can modify the at-will nature of your employment.			
	<i>Interns/Volunteers:</i> I understand that my offer for involvement with IHR may be contingent upon my ability to meet the requirements outlined within IHR's Intern and Volunteer Application Packets, respectively. I understand, acknowledge, & agree that my position with IHR is voluntary and unpaid. I understand that housing, medical insurance, transportation and any form of compensation for my expenses, is not provided to me by IHR. Furthermore, I understand and agree that requirements concerning school credit are my responsibility, and IHR is not responsible for credit fulfillment or completion.			
	<i>Background Checks:</i> Employment/Internship/Volunteering with IHR may be contingent upon successful completion of a background check which may include, but is not limited to, credit, criminal, DMV, previous employment, education and personal references.			
	<i>Physical Examination:</i> Employment/Internship/Volunteering with IHR may be contingent upon successful completion of a pre-employment physical examination which may include a blood, urine and/or other medical test for alcohol, drugs and controlled substances. I further understand and agree that IHR may require me to submit to a drug and alcohol screen after I am employed. Prior to testing, I agree to sign IHR's authorization forms wherein I will agree to submit to such testing and to authorize the release of the results to IHR. I further understand that failure to do this may result in the immediate termination of my involvement with IHR.			
	<i>General:</i> I understand that while on IHR property I am acting as an ambassador to IHR and are therefore expected to conduct myself in a respectful and professional manner. I agree to abide by all IHR dress codes, work rules, standards of conduct, and drug & safety policies, outlined in IHR's handbook.			
	<i>Release:</i> I authorize the schools and employers listed above to give IHR any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.			
	Signed _____ Date _____			