



PLEASE PRINT

LAST NAME		FIRST NAME		MI
PRESENT ADDRESS (HOUSE NUMBER, STREET, CITY, STATE, ZIP CODE)			TELEPHONE NO.	
EMAIL ADDRESS			TELEPHONE NO.	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC OFFENCE (IF YES, STATE FOR WHAT, WHERE, WHEN) <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF RELATIVES OR FRIENDS EMPLOYED BY THIS COMPANY		RELATIONSHIP		WHAT DEPARTMENT
POSITION APPLIED FOR	TITLE		WHAT SECOND LANGUAGE (IF ANY) DO YOU SPEAK FLUENTLY	
ARE YOU EMPLOYED NOW <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE AVAILABLE TO START WORK		HOW WERE YOU REFERRED TO US
DO YOU HAVE A VALID DRIVERS LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO		IS AUTOMOBILE AVAILABLE FOR BUSINESS USE <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION HISTORY

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE	LIST DEGREE
HIGH OR EQUIVALENT			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER (SPECIFY)			<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU TAKING ANY COURSE OF STUDY NOW (GIVE DETAILS)			DATE TO BE COMPLETED	
COMPUTER SKILLS (LIST PROGRAMS/SOFTWARE YOU HAVE USED)				

REFERENCES

BUSINESS AND PERSONAL-INDICATE RELATIONSHIP TO YOU, SUCH AS SUPERVISOR, CO-WORKER, PERSONAL, ETC.

NAME	RELATIONSHIP	POSITION	ADDRESS	TELEPHONE



EMPLOYMENT HISTORY
(RESUMES MAY NOT BE SUBSTITUTED)

PLEASE ACCOUNT FOR ALL PERIODS OF EMPLOYMENT, INCLUDING U.S. ARMED FORCES EXPERIENCE, PERIODS OF TRAVEL, SELF-EMPLOYMENT AND UNEMPLOYMENT. LIST PRESENT OR LAST EMPLOYER FIRST. IF MORE SPACE IS DESIRED, PLEASE USE ADDITIONAL APPLICATION.

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATE EMPLOYED			
		FROM		TO	
		/	/	/	/
		MO	YR	MO	YR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME	DEPARTMENT	WAGE OR RATE		
			START	FINSH	
POSITION OR TITLE	REASON FOR LEAVING				

MAY WE CONTACT EMPLOYER NOW AT A LATER DATE NOT AT ALL

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATE EMPLOYED			
		FROM		TO	
		/	/	/	/
		MO	YR	MO	YR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME	DEPARTMENT	WAGE OR RATE		
			START	FINSH	
POSITION OR TITLE	REASON FOR LEAVING				

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NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATE EMPLOYED			
		FROM		TO	
		/	/	/	/
		MO	YR	MO	YR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME	DEPARTMENT	WAGE OR RATE		
			START	FINSH	
POSITION OR TITLE	REASON FOR LEAVING				

MAY WE CONTACT EMPLOYER NOW AT A LATER DATE NOT AT ALL

I CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE.

SIGNATURE	DATE
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The Aquarium of Niagara is an equal opportunity employer. All qualified applicants will be afforded equal employment opportunities without discrimination because of race, color, creed, religion, sex, age, national origin, citizenship, sexual orientation, marital status, or any other classification protected by federal, state, or local law.