

APPLICATION FOR EMPLOYMENT

Safari Club International and Safari Club International Foundation (SCI/SCIF)

SCI/SCIF provides equal employment opportunity to all qualified individuals regardless of race, nationality, religion, sex, age, disability, veteran status or membership in any organization.

Name: _____
Last First M.I.

Street Address: _____
Street Apt. Or Unit No.
City State Zip Code

Phone: _____
Include Area Code

Are you a U. S. citizen? Yes No
If No: - Do you have permanent resident status approved by U. S. Immigration? Yes No
- Do you have authorization to work in the U. S.? Yes No
(proof of citizenship or authorization to work in the U. S. will be required upon employment)

Salary Requirements: \$ _____

Position(s) desired: _____

Have you been convicted of, or pled guilty or *nolo contendere* to, a felony within the last seven years? Yes No

If yes, please explain: _____
Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

How did you hear about our organization?

Are you a former SCI/SCIF employee? Yes No Dates? _____
From Mo./Year To Mo./Year

Do you have relatives that work here? Yes No If yes, who?: _____

Education

- Name of School: _____
Degree granted under what name, if different from above: _____
Graduate Yes No Degree/Cert. _____ Major: _____
- Name of School: _____
Degree granted under what name, if different from above: _____
Graduate Yes No Degree/Cert. _____ Major: _____
- Name of School: _____
Degree granted under what name, if different from above: _____
Graduate Yes No Degree/Cert. _____ Major: _____

APPLICATION CERTIFICATION

SCI/SCIF does not discriminate on the basis of race, color, religion, sex, national origin, age, disability or any other basis prohibited by law.

I understand, if I am employed, I will be an employee-at-will with no contract of employment for any particular time or upon any particular terms or conditions. I will have the right to terminate my employment at any time for any reason and SCI/SCIF will have the same right. I further understand that SCI/SCIF will have the right to change any terms and conditions of employment at any time. In addition, I understand that I should not rely on any oral or written statements by any SCI/SCIF employee, nor should I rely on any practices or written policies of SCI/SCIF, as such practices, and such oral statements, will not create an express or implied contract of employment upon any particular terms or conditions. I understand that this policy of at-will employment will not be modified.

Signature

Date

I voluntarily and knowingly authorize any present employer or supervisor, past employer or supervisor, college, university or other institution of learning, administrator, state agency, federal agency, private business, personal reference, and/or other persons, to give records or information they may have concerning motor vehicle history, earnings history, character, and employment records or any other information requested by SCI/SCIF or any agent named by SCI/SCIF. I, voluntarily and knowingly, unconditionally release and forever discharge SCI/SCIF, and any named or unnamed informant from any and all liability related to obtaining, furnishing or using this information. This authorization shall be valid from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original.

Signature

Date

I represent that I am free to accept employment with SCI/SCIF and have no agreements, obligations or commitments of any kind (whether enforceable or not) which would in any way hinder or interfere with my acceptance of employment or the performance of any duties assigned to me.

Signature

Date

I certify that my statements on this application and my responses to all of the foregoing questions are true and correct, and there is no information that I have omitted, misrepresented or failed to include. If any of my statements or responses on this application are found to be untrue, misrepresented or omitted, I understand that such a finding may result in the rejection of my application, and, if employed, my immediate discharge or discharge at any time during my employment.

Signature

Date