



Application for Employment

Date of Application		Name (Please print legibly)		Email Address	
Address, City, State, Zip Code				Telephone	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, do you have authorization to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied to HSSCM? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary or Wage Expected		Position for which you are applying	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available		Names of friends/relatives at HSSCM	
Check all days available for work <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday					
Check all hours available for work <input type="checkbox"/> 8:00am - noon <input type="checkbox"/> 12:00pm - 4:00pm <input type="checkbox"/> 3:00pm - 6:00pm				Are you allergic to dogs or cats? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list all animals you have at home				Are your pets all up to date on their vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
You may be exposed to zoonotic diseases. Do you have any medical conditions that would make it unsafe for you to work at HSSCM? <input type="checkbox"/> Yes <input type="checkbox"/> No				This is a temporary, part time position. Do you need full time hours now or in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you like cleaning? Do you mind getting dirty? <input type="checkbox"/> Yes <input type="checkbox"/> No				Should all pets be spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment History (list your last three employers beginning with the most recent)					
1. Name/Address of Employer		Telephone Number		Supervisor Name	
Your Title/Position		Start Date and Starting Salary		End Date and Ending Salary	
Description of Duties				Reason for Leaving	
2. Name/Address of Employer		Telephone Number		Supervisor Name	
Your Title/Position		Start Date and Starting Salary		End Date and Ending Salary	
Description of Duties				Reason for Leaving	
3. Name/Address of Employer		Telephone Number		Supervisor Name	
Your Title/Position		Start Date and Starting Salary		End Date and Ending Salary	
Description of Duties				Reason for Leaving	

Education

High School Name/Location	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained
College Name/Location	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained
Other	Certifications Received	

Military Record

US Military or Coast Guard Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Rank	Active <input type="checkbox"/>	Inactive <input type="checkbox"/>
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Criminal Record

Have you ever been convicted or plead guilty to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, note date and charge
Are there any felony charges currently pending against you? If yes, please explain	

References

(individuals not related to you)

Name	Telephone	Occupation	Years Known	Relationship to You
1.				
2.				
3.				

If you have any additional animal knowledge or experience, or have volunteered with a Humane Society of shelter before, please provide details.

I hereby affirm that the information provided on this application and accompanying resume (if any) is true and complete to the best of my knowledge and belief. I also agree that any false information, misrepresentations or omissions may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and/or educational background, including disciplinary records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons and corporations and/or companies requesting or supplying such information and waive any right to notice of such disclosure.

I understand that I may need to undergo a driving record investigation if the position for which I am applying requires use of an agency vehicle.

Applicant's Signature

Date