

# Washington Area Humane Society Employment Application

(An Equal Opportunity Employer)

## Personal Information

First Name	Last Name	Date	
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Phone	Cell Phone		
Email Address _____			

Are you 21 years or older?  YES  NO  
 Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status?  YES  NO

## Employment Desired

Position \_\_\_\_\_ Date you can start \_\_\_\_\_

Are you employed now?  YES  NO If so, may we inquire of your present employer?  YES  NO

Ever applied to this company before?  YES  NO When? \_\_\_\_\_ Referred by: \_\_\_\_\_

## Education

	Name/Location	Years Attended	Graduate	Subject Studied
High School:			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College:			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Trade/Business:			<input type="checkbox"/> YES <input type="checkbox"/> NO	

## General

Have you ever worked with dogs?  YES  NO Have you ever worked with cats?  YES  NO

If yes, please explain:

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List any special skills and/or training:

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The Humane Society is open 7 days a week. Are you available for work all days of the week?  YES  NO

If NO, list days you are available to work \_\_\_\_\_

You will be requested to work on some holidays.

Do you have any allergies to dogs?  YES  NO Do you have any allergies to cats?  YES  NO

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Former Employers (List below last three employers starting with most recent first)

Employer:	Phone Number:	From: (Month/Year)
Address:		To: (Month/Year)
Job Title:	Number Employees Supervised:	Supervisor's Name:
Specific Duties:		
Reason for Leaving:		
May we contact this Employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Employer:	Phone Number:	From: (Month/Year)
Address:		To: (Month/Year)
Job Title:	Number Employees Supervised:	Supervisor's Name:
Specific Duties:		
Reason for Leaving:		
May we contact this Employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Employer:	Phone Number:	From: (Month/Year)
Address:		To: (Month/Year)
Job Title:	Number Employees Supervised:	Supervisor's Name:
Specific Duties:		
Reason for Leaving:		
May we contact this Employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Which of these jobs did you like the best? What did you like most about this job? \_\_\_\_\_

**References:** Provide the names of three persons not related to you who you have known for at least one year.

Name	Address/Phone	Business	Years Acquainted

**Certification and Release (MUST BE SIGNED AND DATED BELOW)**

- I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected.
- In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause, and with or without notice, at any time by the company. If I am employed, my employment may be terminated at any time.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I understand that if I apply or have applied for certain jobs, I may be subjected to a background check and tested for drug and alcohol use to determine if I am currently abusing these substances. I consent to the testing and understand that the results could preclude my employment.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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In Case Of Emergency Notify: \_\_\_\_\_

**Do not write in space below**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

**Remarks**

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Neatness: \_\_\_\_\_ Ability \_\_\_\_\_

Hired?  YES  NO

Position \_\_\_\_\_ Salary \_\_\_\_\_ Date Report to Work \_\_\_\_\_