

Washington Area Humane Society Employment Application

(Pre-employment questionnaire) (An Equal Opportunity Employer)

Personal Information

Date	Social Security Number	
Last Name	First Name	Middle
Present Address		
City	State	Zip
Permanent Address		
City	State	Zip
Phone	Are you 21 years or older ☐ YES ☐ NO	
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration stats? ☐ YES ☐ NO		

Employment Desired

Position	Date you can start	Salary desired
Are you employed now? ☐ YES ☐ NO If so, may we inquire of your present employer?		
Ever applied to this company before? ☐ YES ☐ NO	Where?	When?
Referred by		

Education	Name & Location of School	Years Attended	Did You Graduate	Subjects Studied
Grammar School				
High School				
College				
Trade/Business Or Correspondence				

General

Have you ever worked with dogs? ☐ YES ☐ NO	Have you ever worked with cats? ☐ YES ☐ NO
If yes, please explain	
List any special skills	
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 cats? ☐ YES ☐ NO	Do you have any allergies to dogs? ☐ YES ☐ NO

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

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

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	Business	Years Acquainted

The following statement applies in: Maryland and Massachusetts (fill in name of state) It is unlawful in the state of _____ to require or administer a lie detector test as a condition of employment. And employer who violates this law shall be subject to criminal penalties and civil liability.

Signature of Applicant

In Case Of Emergency Notify

NAME

ADDRESS

PHONE

"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 and, if I am employed, my employment may be terminated at any time. 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. I understand that no company representative, other than its president, and then only in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date

Signature

Do not write in space below

Interviewed by

Date

Remarks

Neatness

Ability

Hired ☐ YES ☐ NO

Position

Dept.

Salary/Wage

Date Reporting to Work

Approved:

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER