



## EMPLOYMENT APPLICATION

Washington Area Humane Society  
1527 Route 136  
Eighty Four, PA 15330

Washington Area Human Society is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, age, sex (including pregnancy, sexual orientation, and gender identity/expression), marital status, national origin, disability or handicap, genetic information, or veteran status.

### GENERAL INFORMATION:

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip Code

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Position desired: \_\_\_\_\_

Salary Desired \$ \_\_\_\_\_ per \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying?

YES [ ☐ ] NO [ ☐ ] If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When would you be available to begin work? \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible to be employed in the United States? YES [ ☐ ] NO [ ☐ ]

Are you at least 18 years old or older? YES [ ☐ ] NO [ ☐ ]

Have you ever worked for this Organization before? YES ☐ NO ☐

If yes, Dates: \_\_\_\_\_ to \_\_\_\_\_ Title(s): \_\_\_\_\_

**Referral Source:** How did you hear about us?

☐ Walk In ☐ Advertisement – Where? \_\_\_\_\_

☐ Referral – Who? \_\_\_\_\_

☐ Other \_\_\_\_\_

Do you have any relatives or friends who work for the Organization? YES ☐ NO ☐

If yes, who? \_\_\_\_\_

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES ☐ NO ☐ If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever done any volunteer work? YES ☐ NO ☐ If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

\_\_\_\_\_

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.) How many hours per week are you available? \_\_\_\_\_

DAYS ☐ NIGHTS ☐ WEEKENDS ☐ HOLIDAYS ☐ FULL TIME ☐ PART TIME ☐

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** Number of Years Completed (circle one) 1 2 3 4

**Diploma:** \_\_ Yes \_\_ No **G.E.D.:** \_\_ Yes \_\_ No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:**

Number of Years Completed (circle one) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

**Other Training or Degrees:**

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

**EMPLOYMENT HISTORY:** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and work backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone (    )
Job Title		Address of Employer	
Supervisor Name & Title		Reason for Leaving	
May we contact this employer?   YES ____   NO ____			
Summarize the nature of work performed and your job responsibilities:			
<hr/>			
From	To	Employer Name	Telephone (    )
Job Title		Address of Employer	
Supervisor Name & Title		Reason for Leaving	
May we contact this employer?   YES ____   NO ____			
Summarize the nature of work performed and your job responsibilities:			
<hr/>			
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May we contact this employer?   YES ____   NO ____			
Summarize the nature of work performed and your job responsibilities:			
From	To	Employer Name	Telephone (     )
Job Title		Address of Employer	
Supervisor Name & Title		Reason for leaving	
May we contact this employer?   YES ____   NO ____			

Summarize the nature of work performed and your job responsibilities:

Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? Yes[ ] No[ ]

If yes, explain: \_\_\_\_\_

### MILITARY SERVICE:

Branch: \_\_\_\_\_ Served From \_\_\_\_\_ to \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Do you have any special skills, experience and/or training that would enhance your ability to perform the duties of the job? If yes, explain \_\_\_\_\_

Computer Skills? (Please describe): \_\_\_\_\_

**PROFESSIONAL REFERENCES:** Give the names of three persons **not related** to you, whom you have worked with for at least two (2) years. Managers/Supervisors preferred.

Full Name of Reference	City/State and Phone Number REQUIRED (Email Preferred also)	Company Worked At	Years Known
1			
2			
3			

### APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Washington Area Humane Society and its designated representatives to contact my current and former employers and references in order to investigate information regarding my current and past employment, verify accuracy, and to obtain reference information on my work performance. I further authorize my current and former employers and references to respond to the questions set forth by Washington Area Humane Society and its designated representatives. I hereby agree that I will not bring any suit or action against Washington Area Humane Society, its officers or agents, at any time, for obtaining and having an employment decision based on such information.

Washington Area Humane Society is an equal opportunity employer. Washington Area Humane Society does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including pregnancy, sexual orientation, gender identity/expression), marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Washington Area Humane Society to hire me. This is not an employment contract.

***I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.***

I understand that should an employment offer be extended to me and accepted, that I will fully adhere to the policies, rules and regulations of employment of the employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and is at will and that either I or the employer may terminate my employment at any time with or without notice or cause.

Print Name \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_