

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL REQUESTED INFORMATION EXCEPT SIGNATURE

PLEASE COMPLETE PAGES 1-4

Date: _____

Name _____
Last First Middle Maiden

Present address:

Number Street City State Zip

How long at this address _____ If under 18, please list age _____

Telephone (_____) _____ Social Security No. _____ - _____ - _____

Email Address _____

Position applied for and salary desired (1) _____ (2) _____
 (Be specific)

Days Available to work:	List Hours Available		List Hours Available
<input type="checkbox"/> No Preference		<input type="checkbox"/> Thursday	
<input type="checkbox"/> Monday		<input type="checkbox"/> Friday	
<input type="checkbox"/> Tuesday		<input type="checkbox"/> Saturday	
<input type="checkbox"/> Wednesday		<input type="checkbox"/> Sunday	

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired: Full Time Part Time Full Time OR Part Time

When are you available to begin work? _____

When are you available for a working interview? _____

How did you hear about this job? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional School				
Other				

DO YOU HAVE A DRIVER'S LICENSE? YES NO

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Class _____
 Expiration date _____

Have you had any motor vehicle accidents during the past three years? NO YES How many? _____
 Have you had any moving violations during the past three years? NO YES How many? _____

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL REQUESTED INFORMATION EXCEPT SIGNATURE

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

NO

YES

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

PERSONAL REFERENCES

Please list two (2) references other than relatives or previous employers.

Name _____

Name _____

Relationship _____

Relationship _____

Telephone _____

Telephone _____

Address _____

Address _____

How long you have known them _____

How long you have known them _____

OFFICE SKILLS – Please check all skills that you have

Telephone Answering/ Customer Service

Word Processing (Microsoft Word)

E-mail

Spreadsheets (Microsoft Excel)

Social Media (ex. Facebook, Twitter, Instagram)

Other Computer Software Programs

Digital Photography (camera, camera phone)

POS/ Cash Register Use

ANIMAL CARE SKILLS

Are you able to lift 60 pounds? YES NO

Please list or describe your experience with animals in the Personal Statement section below

PERSONAL STATEMENT An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Empty rectangular box for the Personal Statement section.

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL REQUESTED INFORMATION EXCEPT SIGNATURE

MILITARY SERVICE

HAVE YOU EVER BEEN IN THE ARMED FORCES? YES NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? YES NO

Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, please provide the name of your business or occupation. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Telephone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From	Start
	May we contact them?	To	Final
	Your Last Job Title		
Reason for Leaving (Be Specific)			
List the job(s) you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Telephone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From	Start
	May we contact them?	To	Final
	Your Last Job Title		
Reason for Leaving (Be Specific)			
List the job(s) you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL REQUESTED INFORMATION EXCEPT SIGNATURE

Name of employer Address City, State, Zip Telephone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From	Start
	May we contact them?	To	Final
	Your Last Job Title		
Reason for Leaving (Be Specific)			
List the job(s) you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Stray Haven Humane Society & SPCA, Inc. is an equal opportunity employer. It is Stray Haven's policy to grant equal employment opportunity to all qualified persons without regard to race, gender, religion, age, national origin, physical or mental disability, or veteran's status. Stray Haven provides equal opportunities in employment, promotion, wages, benefits, and all other privileges, terms, and conditions of employment. Stray Haven maintains a violence-free, tobacco-free, drug-free and alcohol-free workplace.

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

I swear that the information I have given is true and correct to the best of my knowledge.

Signature

Date

Application Received by: _____
Print name
Initial
Date