

**APPLICATION FOR EMPLOYMENT
HUMANE SOCIETY OF THE HIGH PLAINS**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status

(PLEASE PRINT)

Position Applied For:		Date of Application:
Last Name	First Name	Middle Name
Address	City	State
Telephone number(s)		
Date of Birth	Social Security Number	

Best time to contact you: _____

Are you over 18 years of age? _____

Have you ever filed an application with us before? YES NO

Have you ever been employed with us before? YES NO

Do you have any relatives or friends that work here? YES NO
If Yes, state name and relationship _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevent from lawfully becoming employed in the country
because of Visa or Immigration Status? YES NO

Date available to begin work _____

What is your desired salary range? _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION	Name Address of School	Course of study	Years Completed	Diploma/Degree
HIGH SCHOOL				
COLLEGE				
Graduate School				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments or volunteer activities. You may exclude organizations which indicate, race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed FROM TO	Work Performed
Address		
Telephone Number	Hourly Rate	
Job Title	START END	
Supervisor		

Reason for Leaving	May we contact? YES___ NO___
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Employer	Dates Employed FROM TO	Work Performed
Address		
Telephone Number	Hourly Rate	
Job Title	START END	
Supervisor		

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Job Title	START END	
Supervisor		

Reason for Leaving	May we contact? YES___ NO___
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Personal/Professional References: *Do not include family members or past supervisors*

Name	Phone Number	Best Time to Contact	Occupation
1.			
2.			
3.			

APPLICANTS STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

**PLEASE LIST DAYS OF THE WEEK AND HOURS
YOU ARE AVAILABLE TO WORK IF HIRED:**

SIGNATURE OF APPLICANT:

DATE: