APPLICATION FOR EMPLOYMENT

THIS IS A DRUG FREE WORKPLACE
This organization does not discriminate in hiring or employment on the basis of race, age, religion, national origin, gender, sexual orientation, disability, or protected veteran's status.

PLEASE PRINT: All blanks must be completed; "see resume" is not permissible. It is recommended to attached a resume.

IDENTIFICATION

LAST NAME	FIRST NAME	MIDDLE NAME	OTHER NAMES USED (do not include nicknames)
PREFERRED NAME	CURRENT STREET ADDRESS	CITY	STATE / ZIP CODE
HOME TELEPHONE NUMBER	MOBILE PHONE NUMBER	EMAIL ADDRESS	SOCIAL SECURITY NUMBER

Have you resided at your current address for the past seven (7) years?   ❑ YES   ❑ NO
If not, list your addresses for the past seven (7) years.

PREVIOUS HOME ADDRESS (No., Street, Apt. No.) CITY STATE ZIP CODE	COUNTY	FROM (MM-YY) / TO (MM-YY)
PREVIOUS HOME ADDRESS (No., Street, Apt. No.) CITY STATE ZIP CODE	COUNTY	FROM (MM-YY) / TO (MM-YY)

How did you hear about our company?

Have you ever worked for Kings SPCA? If YES, list the name of the facility(s) and the dates of prior employment.   ❑ YES   ❑ NO

Do you have any relatives who currently work for Kings SPCA? If YES, please identify them below: ❑ YES   ❑ NO

Name of relative _____ Location _____ Current Role _____
Name of relative _____ Location _____ Current Role _____

If hired, can you provide proof of eligibility to work in the United States?   ❑ YES   ❑ NO

PERSONAL

Have you ever been convicted of a felony or misdemeanor?   ❑ YES   ❑ NO   (Conviction will not necessarily disqualify an applicant from employment.)
If YES, please provide date, city & state, date and details of conviction.

CALIFORNIA APPLICANTS ONLY: Applicant may omit marijuana-related convictions if such convictions are more than two (2) years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program.

Have you ever been bonded?   ❑ YES   ❑ NO   Have you ever been refused a bond?   ❑ YES   ❑ NO
If refused bond, give name of employer.

What position are you applying for?	Date available to start:

FULL-TIME ❑ YES ❑ NO	PART-TIME ❑ YES ❑ NO	SHIFTWORK ❑ YES ❑ NO

Are you under 18 years of age?   ❑ YES   ❑ NO | Can you travel if your job requires it?   ❑ YES   ❑ NO

Foreign Language Skills: Please specify language and level of proficiency for each (Basic, Moderate, Fluent).
SPEAK: READ: WRITE:

Software Applications: Please list software applications and level of proficiency for each (Beginner, Intermediate, Expert).

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EDUCATION

SCHOOL NAME	CITY, STATE, ZIP CODE	MAJOR/MINOR	DATES ATTENDED	DEGREE
HIGH SCHOOL/GENERAL EDUCATION DEVELOPMENT INSTITIUTION			NOT REQUIRED	❑DIPLOMA ❑GED ❑NONE
UNDERGRADUATE COLLEGE				
GRADUATE COLLEGE				
PROFESSIONAL TRADE, BUSINESS, TECHNICAL, OR OTHER				

Describe any other job-related training received in the United States Military, military services from other countries, or other job-related skills, certificates, licenses and other qualifications acquired from employment or other experience.

List academic, professional, trade, business or civic activities and offices held. You may exclude memberships which may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

REFERENCES

PERSONS FAMILIAR WITH YOUR WORK OR ACADEMIC BACKGROUND. PLEASE LIST THREE EXCLUDING FAMILY MEMBERS.

NAME	POSITION AND COMPANY	EMAIL ADDRESS	TELEPHONE NUMBER
			( )
			( )
			( )

EMPLOYMENT DATA

LAST TWO EMPLOYERS BEGINNING WITH PRESENT OR MOST RECENT

NAME AND ADDRESS OF CURRENT OR LAST EMPLOYER (*include street address, city & state, and zip code*)	TELEPHONE	SUPERVISOR NAME AND TITLE
	STARTING PAY RATE	EMPLOYED FROM MO/YR
YOUR JOB TITLE	FINAL PAY RATE	EMPLOYED TO MO/YR
WORK PERFORMED		REASON FOR LEAVING

If still employed, may we contact your current employer?   ❑YES   ❑NO

NAME AND ADDRESS OF EMPLOYER (*include street address, city & state, and zip code*)	TELEPHONE	SUPERVISOR NAME AND TITLE
	STARTING PAY RATE	EMPLOYED FROM MO/YR
YOUR JOB TITLE	FINAL PAY RATE	EMPLOYED TO MO/YR
WORK PERFORMED		REASON FOR LEAVING

DRIVER'S LICENSE

TYPE OF LICENSE	STATE	LICENSE NUMBER	NAME ON LICENSE	IS YOUR LICENSE IN GOOD STANDING?

NOTICE AND ACKNOWLEDGEMENT CONCERNING DRUG-TESTING POLICY

This is to inform you that the Company may conduct testing where permitted to identify job applicants who may be using illegal drugs and current employees who may be under the influence of illegal drugs and/or alcohol in the workplace. You have the right to refuse to undergo testing. However, an applicant's refusal to undergo testing will result in the termination of the pre-employment selection process, and an associate's refusal to undergo testing will result in disciplinary action up to and including discharge. An applicant who fails a test will not be hired and an associate who fails a test will be subject to disciplinary action up to and including discharge. Drug testing does not include the use of marijuana or substances derived from such as CBD.

Acknowledgement: I have read and understand the above written notice.

_____

PRINTED NAME OF APPLICANT

_____

APPLICANT'S SIGNATURE   DATE

READ THOROUGHLY BEFORE SIGNING

I certify that all information contained in this Application for Employment is true and complete. Any incorrect or misleading statement(s) will render this application void. I understand that this application will remain in effect for 90 days from the date it is submitted. I must renew my application to be considered for other job openings after 90 days. I understand that completion of this application does not constitute an offer or promise of employment. I authorize the Kings SPCA to contact my References and understand that, as a condition of employment, Kings SPCA will require successful completion of a records check.

In the event of my appointment to a position, I shall comply with all policies and procedures. It is understood and agreed that any misrepresentation, omission or false statement that I make in this application will be sufficient cause for the Kings SPCA to withdraw an offer of employment and/or terminate my employment.

If hired, I will be an At-Will employee and understand that my employment can be terminated by either party at any time with or without cause or notice.

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APPLICANT'S SIGNATURE   DATE