



ARIZONA HUMANE SOCIETY

"Our Mission Is To Build Healthy Relationships Between People and Animals."

AN EQUAL OPPORTUNITY
EMPLOYER

Please fill out all areas of this application completely in blue or black ink only. While you are welcome to submit a resumé as well, it does not substitute for the thorough completion of your application.

APPLICATION DATE _____

PLEASE DO NOT RE-APPLY WITHIN 6 MONTHS OF THE DATE OF YOUR LAST APPLICATION.

NAME		
SOCIAL SECURITY NUMBER		
STREET ADDRESS		
CITY	STATE	ZIP
PHONE - HOME	PHONE - WORK	MAY WE CONTACT YOU AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>

POSITION(S) DESIRED, IN ORDER OF PREFERENCE	
HOURLY WAGE/ANNUAL SALARY DESIRED	DATE AVAILABLE FOR WORK
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> IF SO, SPECIFY PERIOD	LIST DAYS AND HRS. PREFERRED
ARE THERE ANY DAYS OR SHIFTS YOU WILL NOT BE ABLE TO WORK? PLEASE SPECIFY:	
LOCATION PREFERENCE <input type="checkbox"/> SUNNYSLOPE <input type="checkbox"/> SOUTH MOUNTAIN	
AGE: ARE YOU AT LEAST 18 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>	
AGE: ARE YOU AT LEAST 21 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>	

IN ORDER TO PERMIT A CHECK OF YOUR WORK AND EDUCATION RECORDS, SHOULD WE BE MADE AWARE OF ANY CHANGE IN NAME OR ASSUMED NAME THAT YOU PREVIOUSLY USED?
YES NO IF YES, IDENTIFY NAME(S) AND RELEVANT DATES.

HAVE YOU BEEN EMPLOYED BY THE ARIZONA HUMANE SOCIETY BEFORE?
YES NO IF YES, STATE WHERE, WHEN, FINAL POSITION, AND REASON FOR LEAVING:

DO YOU HAVE ANY RELATIVES WHO EITHER CURRENTLY WORK OR HAVE PREVIOUSLY WORKED FOR THE ARIZONA HUMANE SOCIETY?
YES NO IF YES, PLEASE SPECIFY:

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT HERE? YES NO IF YES, WHEN?

WORK EXPERIENCE

List your previous experience (beginning with your most recent position).

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EMPLOYER/COMPANY	
ADDRESS (Street, City, State & Zip)	PHONE
STARTING JOB TITLE	STARTING SALARY/WAGE
LAST JOB TITLE	FINAL SALARY/WAGE
DATES EMPLOYED (MO./YR.) FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	VOLUNTARY? <input type="checkbox"/> INVOLUNTARY? <input type="checkbox"/>
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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EMPLOYER/COMPANY	
ADDRESS (Street, City, State & Zip)	PHONE
STARTING JOB TITLE	STARTING SALARY/WAGE
LAST JOB TITLE	FINAL SALARY/WAGE
DATES EMPLOYED (MO./YR.) FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	VOLUNTARY? <input type="checkbox"/> INVOLUNTARY? <input type="checkbox"/>
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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EMPLOYER/COMPANY	
ADDRESS (Street, City, State & Zip)	PHONE
STARTING JOB TITLE	STARTING SALARY/WAGE
LAST JOB TITLE	FINAL SALARY/WAGE
DATES EMPLOYED (MO./YR.) FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	VOLUNTARY? <input type="checkbox"/> INVOLUNTARY? <input type="checkbox"/>
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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EMPLOYER/COMPANY	
ADDRESS (Street, City, State & Zip)	PHONE
STARTING JOB TITLE	STARTING SALARY/WAGE
LAST JOB TITLE	FINAL SALARY/WAGE
DATES EMPLOYED (MO./YR.) FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	VOLUNTARY? <input type="checkbox"/> INVOLUNTARY? <input type="checkbox"/>
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATION AND TRAINING

SCHOOL	NAME, CITY AND STATE FOR EACH SCHOOL	NUMBER OF YEARS COMPLETED	GRADUATED?	MAJOR OR COURSE TYPE
HIGH SCHOOL				
COLLEGE				
ADDITIONAL TRAINING				

INDICATE WITH AN "X" YOUR EXPERIENCE IN THE FOLLOWING:

CLERICAL:	SHELTER OR CLINIC:
<input type="checkbox"/> DATA ENTRY	<input type="checkbox"/> CUSTOMER SERVICE
<input type="checkbox"/> RECEPTION	<input type="checkbox"/> CASHIERING
<input type="checkbox"/> WORD PROCESSING PROGRAMS _____	<input type="checkbox"/> MAINTENANCE/REPAIR
<input type="checkbox"/> SWITCHBOARD	<input type="checkbox"/> ANIMAL HANDLING
<input type="checkbox"/> TYPING _____ WPM	<input type="checkbox"/> KENNEL CLEANING
<input type="checkbox"/> SPREADSHEET PROGRAMS _____	<input type="checkbox"/> VET TECHNICIAN
	<input type="checkbox"/> ANIMAL BEHAVIOR
	<input type="checkbox"/> ANIMAL WELFARE

ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT? YES NO COMPANY NAME _____

IF YES, PLEASE EXPLAIN: _____

PERMISSION TO WORK

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

IF EMPLOYMENT IS OFFERED, CAN YOU PRODUCE IDENTIFICATION SUCH AS A U.S. PASSPORT, A DRIVER'S LICENSE, A PHOTOGRAPHIC IDENTIFICATION CARD ISSUED BY THE STATE, OR OTHER INS-APPROVED IDENTIFICATION DOCUMENT? YES NO

IF EMPLOYMENT IS OFFERED, CAN YOU SUBMIT A BIRTH CERTIFICATE, SOCIAL SECURITY CARD, CERTIFICATE OF U.S. CITIZENSHIP OR OTHER INS-APPROVED VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES NO

FELONY CONVICTION RECORD

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? YES NO IF YES, STATE DETAILS AND DATES: _____

(An affirmative answer will not necessarily disqualify you from employment.)

PHYSICAL LIMITATIONS – EMERGENCY NOTIFICATION DESIGNATION

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO PLEASE DESCRIBE ANY ACCOMMODATIONS REQUIRED. _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME _____ PHONE NO. _____

STREET ADDRESS _____ CITY _____ STATE _____

MILITARY SERVICE

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? YES NO

WHICH BRANCH? _____

DATES OF DUTY (MO./YR.) FROM _____ TO _____

RANK AT SEPARATION _____

INDICATE ANY SPECIAL JOB RELATED TRAINING RECEIVED: _____

CAREER OBJECTIVES

WHY ARE YOU INTERESTED IN WORKING FOR OUR ORGANIZATION, AND WHAT ARE YOUR CAREER OBJECTIVES?

REFERRAL SOURCE – CHECK ONE

WALK-IN APPLICANT AGENCY/ORGANIZATION

JOB HOTLINE NAME _____

EMPLOYEE REFERRAL

SCHOOL/COLLEGE NAME _____

NAME _____ NEWSPAPER AD

OTHER _____

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event I am hired.

I hereby agree to submit to any lawful drug, integrity, or skills testing that may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I further agree to submit to search of my person or of any locker or work area that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

I understand that this application is valid for 6 months; I will reapply after that time if I am still interested in employment. **I also understand that my employment is terminable-at-will, and that this application is not, and is not intended to be, a contract for continued employment.**

SIGNATURE _____ DATE _____