



ARIZONA HUMANE SOCIETY

**AN EQUAL OPPORTUNITY
EMPLOYER**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. All qualified applicants will be given equal opportunity. Selection decisions are based on job-related factors.

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. **PLEASE PRINT**, except signature at the bottom of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

APPLICATION DATE _____

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

| | |
|--|--|
| NAME | POSITION(S) DESIRED, IN ORDER OF PREFERENCE |
| EMAIL ADDRESS | HOURLY WAGE/ANNUAL SALARY DESIRED DATE AVAILABLE FOR WORK |
| STREET ADDRESS | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME LIST DAYS AND HRS. PREFERRED <input type="checkbox"/> TEMPORARY, IF SO, SPECIFY PERIOD |
| CITY STATE ZIP | ARE THERE ANY DAYS OR SHIFTS YOU WILL NOT BE ABLE TO WORK? PLEASE SPECIFY: |
| PHONE - HOME: | LOCATION PREFERENCE <input type="checkbox"/> SUNNYSLOPE <input type="checkbox"/> SOUTH MOUNTAIN <input type="checkbox"/> THRIFT <input type="checkbox"/> RETAIL |
| PHONE - CELL: | AGE: ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IDENTIFY NAME(S) AND RELEVANT DATES: | |
| HAVE YOU BEEN EMPLOYED BY THE ARIZONA HUMANE SOCIETY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY: | |
| HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?: | |

WORK EXPERIENCE

List your previous experience (**beginning with your most recent position**). Account for all periods of time including military service and any periods of unemployment.

| | |
|----------|--|
| 1 | EMPLOYER/COMPANY |
| | ADDRESS (Street, City, State & Zip) PHONE |
| | STARTING JOB TITLE STARTING SALARY/WAGE |
| | LAST JOB TITLE FINAL SALARY/WAGE |
| | DATES EMPLOYED (MO./YR.) IMMEDIATE SUPERVISOR FROM TO |
| | DUTIES |
| | REASON FOR LEAVING <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY |
| | WHOM DO YOU SUGGEST WE CONTACT? |
| 3 | EMPLOYER/COMPANY |
| | ADDRESS (Street, City, State & Zip) PHONE |
| | STARTING JOB TITLE STARTING SALARY/WAGE |
| | LAST JOB TITLE FINAL SALARY/WAGE |
| | DATES EMPLOYED (MO./YR.) IMMEDIATE SUPERVISOR FROM TO |
| | DUTIES |
| | REASON FOR LEAVING <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY |
| | WHOM DO YOU SUGGEST WE CONTACT? |

| | |
|----------|--|
| 2 | EMPLOYER/COMPANY |
| | ADDRESS (Street, City, State & Zip) PHONE |
| | STARTING JOB TITLE STARTING SALARY/WAGE |
| | LAST JOB TITLE FINAL SALARY/WAGE |
| | DATES EMPLOYED (MO./YR.) IMMEDIATE SUPERVISOR FROM TO |
| | DUTIES VOLUNTARY? INVOLUNTARY? |
| | REASON FOR LEAVING |
| | WHOM DO YOU SUGGEST WE CONTACT? |
| 4 | EMPLOYER/COMPANY |
| | ADDRESS (Street, City, State & Zip) PHONE |
| | STARTING JOB TITLE STARTING SALARY/WAGE |
| | LAST JOB TITLE FINAL SALARY/WAGE |
| | DATES EMPLOYED (MO./YR.) IMMEDIATE SUPERVISOR FROM TO |
| | DUTIES |
| | REASON FOR LEAVING <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY |
| | WHOM DO YOU SUGGEST WE CONTACT? |

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"/> WORD PROCESSING PROGRAMS | <input type="checkbox"/> CUSTOMER SERVICE | <input type="checkbox"/> KENNEL CLEANING | <input type="checkbox"/> MAINTENANCE/REPAIR |
| <input type="checkbox"/> SWITCHBOARD | <input type="checkbox"/> TYPING:WPM _____ | <input type="checkbox"/> ANIMAL HANDLING | <input type="checkbox"/> CASHIERING | <input type="checkbox"/> VET TECHNICIAN |
| <input type="checkbox"/> RECEPTION | <input type="checkbox"/> SPREADSHEET PROGRAMS | <input type="checkbox"/> GROOMING | <input type="checkbox"/> ANIMAL BEHAVIOR | <input type="checkbox"/> ANIMAL WELFARE |
| <input type="checkbox"/> Bilingual - Spanish | <input type="checkbox"/> Bilingual - Other (please specify) _____ | | | |

ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

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

IF YES, PLEASE EXPLAIN _____

PERMISSION TO WORK

IF EMPLOYMENT IS OFFERED, CAN YOU PROVIDE IDENTIFICATION THAT VERIFIES YOU ARE AUTHORIZED TO WORK IN THE UNITED STATES? 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: _____

CAREER OBJECTIVES

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

REFERRAL SOURCE

Please check one:

| | |
|--|--|
| <input type="checkbox"/> Walk-In Application | <input type="checkbox"/> Agency/Organization |
| <input type="checkbox"/> Online Job Board | Name: _____ |
| <input type="checkbox"/> School/College | <input type="checkbox"/> Employee Referral |
| <input type="checkbox"/> Company Website | Name: _____ |
| <input type="checkbox"/> 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 _____