

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 CLNIC:		
<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 _____

