

Application for Employment



PLEASE PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

| | | | | | |
|---|-------|--|------------------------|---|---|
| Position Applying For | | Email Address | | Date of Application | |
| Name (Last, First, Middle Initial) | | | | Other names under which you have attended school or been employed | |
| Street Address | | | Date of Birth | | |
| City | State | Zip | Social Security Number | | Phone |
| Have you ever been employed by Elmore SPCA, Inc.? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If YES, dates of employment & reason for leaving | |
| Are you related to any current Elmore SPCA, Inc. employee? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If YES, please provide their name & relationship to you | |
| Can you perform the essential functions of the job, with or without reasonable accommodation? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If no, describe functions that cannot be performed | |
| Are you eligible to work in the United States? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Employment preference? | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| Do you have reliable means to get to work? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Would you accept part-time, if full-time is unavailable? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

EDUCATION

| Name of School | City/State | Did you Graduate? | If No, # of Years Left to Graduate | If Yes, Date of Graduation | Degree Received/Major |
|----------------|------------|---|------------------------------------|----------------------------|-----------------------|
| High School: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| GED: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Other School: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| College: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Describe Computer Skills:

REFERENCES Do not list relatives or former employers.

| Name | Address | Phone | Number of Years You Have Known Reference |
|------|---------|-------|--|
| | | | |
| | | | |
| | | | |

Applicant's Name: _____



WORK EXPERIENCE

Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. Do not complete this information with the notation "See Resume." **PLEASE NOTE:** Elmore SPCA, Inc. reserves the right to contact all current and former employers for reference information.

| | | |
|--|---|---------------------|
| Dates Employed From: To: | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time--# hours per week: _____ | Title: |
| Starting Salary: | Organization Name and Address: | |
| Final Salary: | | |
| Supervisor's Name, Title & Phone #: | Other Reference Name, Title and Phone #: | Reason for Leaving: |
| Primary duties: | | |
| <hr/> | | |
| Dates Employed From: To: | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time--# hours per week: _____ | Title: |
| Starting Salary: | Organization Name and Address: | |
| Final Salary: | | |
| Supervisor's Name, Title & Phone #: | Other Reference Name, Title and Phone #: | Reason for Leaving: |
| Primary duties: | | |
| <hr/> | | |
| Dates Employed From: To: | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time--# hours per week: _____ | Title: |
| Starting Salary: | Organization Name and Address: | |
| Final Salary: | | |
| Supervisor's Name, Title & Phone #: | Other Reference Name, Title and Phone #: | Reason for Leaving: |
| Primary duties: | | |
| <hr/> | | |
| Dates Employed From: To: | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time--# hours per week: _____ | Title: |
| Starting Salary: | Organization Name and Address: | |
| Final Salary: | | |
| Supervisor's Name, Title & Phone #: | Other Reference Name, Title and Phone #: | Reason for Leaving: |
| Primary duties: | | |

Applicant's Name: _____



Please use this space to elaborate on background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience, and other activities you believe relevant.

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, misrepresentation, or omission of facts represents grounds for elimination from consideration for employment, or termination after employment, if discovered at a later date. I authorize Elmore SPCA, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Elmore SPCA, Inc. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits, including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I may be terminated without right of appeal.

Applicant Signature: _____

Date: _____