



An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, and any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of 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.

Job Applied For: _____ Today's Date: _____

Are you seeking: Full-Time ____ Part-Time ____ Temporary Employment ____

When could you start work? _____

Name: Last: _____ First: _____ Middle: _____

Maiden Name (If applicable) _____ Phone: () _____ - _____

Present Street Address: _____

City: _____ State: _____ Zip Code: _____

Are you 18 years of age or older? Yes ____ No ____ (If you are hired, you may be required to submit proof of age)

Social Security Number (Optional): _____

Date of Birth (Optional): _____

If hired, can you furnish proof you are eligible to work in the U.S.? Yes ____ No ____

Have you ever applied here before? Yes ____ No ____ If yes, When? _____

Were you ever employed here? Yes ____ No ____ If yes, When? _____

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest". Exclude minor traffic violations.) Yes ____ No ____

If yes, give details: _____

(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of your job? Yes ___ No ___ If yes, please explain: _____

Do you have a valid driver's license? Yes ___ No ___

Driver's License Number: _____ Class of License: _____ State License In: _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes ___ No ___
If yes, give details: _____

Have you ever filed for Unemployment Before? Yes ___ No ___
If yes, give details: _____

Education

List Name and Address of Schools:	Number of Years Completed	Year Graduated	Diploma/ Degree Certificate
High School or GED: _____ _____ _____ Subjects Studied: _____			
College or University: _____ _____ _____ Subjects Studied: _____			
Vocational or Technical: _____ _____ _____ Subjects Studied: _____			

Special Skills

What skills or additional training do you have that are related to the job for which you are applying (Include animal related experience where applicable)?

What machines or equipment can you operate that are related to the job for which you are applying? _____

List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.) _____

Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

<p>Name of Employer: _____ Supervisor: _____</p> <p>Address: _____ Currently Employed: Yes ___ No ___</p> <p>City, State, Zip: _____ From: (mo/yr) ____/____ To: (mo/yr) ____/____</p> <p>Telephone: () ____ - _____ Pay: Start \$ _____ Final \$ _____</p> <p>Title: _____ Reason For Leaving: _____</p> <p>Duties: _____</p> <p>_____</p>
<p>Name of Employer: _____ Supervisor: _____</p> <p>Address: _____ Currently Employed: Yes ___ No ___</p> <p>City, State, Zip: _____ From: (mo/yr) ____/____ To: (mo/yr) ____/____</p> <p>Telephone: () ____ - _____ Pay: Start \$ _____ Final \$ _____</p> <p>Title: _____ Reason For Leaving: _____</p> <p>Duties: _____</p> <p>_____</p>
<p>Name of Employer: _____ Supervisor: _____</p> <p>Address: _____ Currently Employed: Yes ___ No ___</p> <p>City, State, Zip: _____ From: (mo/yr) ____/____ To: (mo/yr) ____/____</p> <p>Telephone: () ____ - _____ Pay: Start \$ _____ Final \$ _____</p> <p>Title: _____ Reason For Leaving: _____</p> <p>Duties: _____</p> <p>_____</p>
<p>Name of Employer: _____ Supervisor: _____</p> <p>Address: _____ Currently Employed: Yes ___ No ___</p> <p>City, State, Zip: _____ From: (mo/yr) ____/____ To: (mo/yr) ____/____</p> <p>Telephone: () ____ - _____ Pay: Start \$ _____ Final \$ _____</p> <p>Title: _____ Reason For Leaving: _____</p> <p>Duties: _____</p> <p>_____</p>

References

Have you worked or attended school under any other names? Yes ___ No ___

If yes, give names: _____

Are you presently employed? Yes ___ No ___

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes ___ No ___

If yes, please explain: _____

Give three references, not relatives or former employers:

1) Name: _____ Relation: _____
Address: _____ Phone: () _____ - _____
_____ Years Known: _____
Current Career: _____

2) Name: _____ Relation: _____
Address: _____ Phone: () _____ - _____
_____ Years Known: _____
Current Career: _____

3) Name: _____ Relation: _____
Address: _____ Phone: () _____ - _____
_____ Years Known: _____
Current Career: _____

Additional Information:

AFFIDAVIT, CONSENT, AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required I understand that I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I will not be considered a regular employee until I have satisfactorily completed the required orientation period of employment.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the Director of the organization has the authority to enter an agreement of employment for any specified period, and such agreement must be in writing, signed by the Director and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

**Please attach a resume to this application before handing in.
I have read, understood, and by my signature consent to these statements.**

Signature of Employee

Date

ADAMS COUNTY SPCA USE ONLY:

Advised background checks Shelter Name Date / Performed by Result

- 1) **Other shelter checks** _____ _____ _____
- 2) **Humane Complaint Check** _____ _____ _____
- 3) **Adoption History Check** _____ _____ _____
- 4) **Other Check** _____ _____ _____
- 5) **Additional Information:** _____

