

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. **WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

(Please Print)

Position(s) applied for		Date of Application	
Last Name	First	Middle	
Address	City	State	Zip
Telephone Number(s)		SPCA use only (do not fill in)	
Home:	Work:	Cell:	
How did you hear about us?	Advertisement	Friend	
Relative	Inquiry	Other	

Best time to contact you is:

If under 18 years of age, can you provide required proof of eligibility to work? N/A Yes No

Have you ever filed an application with us before? Yes: When? _____ No

Have you ever been employed with us before? Yes: When? _____ No

Do any of your friends or relatives, other than spouse, work for us? Yes No

If yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you able to be lawfully employed in the United States at this time? Yes No

Date available for work? Two weeks after date of hire.

Are you available to work: Check all that apply Full Time 1st 2nd 3rd shift Part time 1st 2nd 3rd shift

What is your desired hourly wage?

Are you currently on "lay-off" status and subject to recall? Yes No

WORK EXPERIENCE

Start with your present or last job and continue back. Please provide a minimum of three years of employment history. Also, include military service. You may exclude organizations that indicate any legally protected status.

Employer		Date Employed		Work performed
		From	To	
Telephone				
Address				
		Hourly Rate/Salary		
Starting Job Title	Last/Current Job Title	Starting	Final	
Supervisor				Yes No
Reason for Leaving		May we contact?		

Employer		Date Employed		Work performed
		From	To	
Telephone				
Address				
		Hourly Rate/Salary		
Starting Job Title	Last/Current Job Title	Starting	Final	
Supervisor				Yes No
Reason for Leaving		May we contact?		

Employer		Date Employed		Work performed
		From	To	
Telephone				
Address				
		Hourly Rate/Salary		
Starting Job Title	Last Job Title	Starting	Final	
Supervisor				Yes No
Reason for Leaving		May we contact?		

EDUCATION

School	Name and Address of School	Course of Study	Yrs Completed	Diploma
Grade School				
High School				
College				
Other (Specify)				

COMMENTS - Include explanation of any gaps in employment.

SPECIALIZED TRAINING - Describe any, apprenticeship, skill and extra-curricular activities.

OTHER QUALIFICATIONS - Summarize job-related skills and qualifications acquired from employment or experience.

SPECIALIZED SKILLS - Please check all that apply

PC	Database	Typing – WPM _____
Apple/Macintosh	Access	Report writer
Spreadsheet	dBase	Other
Word Processing	SQL	

REFERENCES

Name	Phone Number	Best Time to Call	Occupation

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and correct.
 I consent to a criminal records check and understand that withholding any criminal information will be grounds for not offering employment and for termination of employment if previously offered and accepted.
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
 This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
 I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.
 In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature _____ Date _____

SPCA use only (do not write below this line)

Interviewed by: _____ Date: _____

Checked: Database References Employer Education Background

Remarks: _____

Hired: Yes No Position: _____ First day: _____

Dept. _____ Wage: \$ _____ Approved: _____ Date: _____