Date of Application _____

State

Date of Birth

PERSONAL INFORMATION

Please tell us about yourself.

Full Legal Name (as printed on your Drivers License)

Street Address

City

Zip Code

Primary Phone Number (Required)

Secondary Phone Number (Optional)

Email Address (Required)

Do you currently carry a valid, UNRESTRICTED Drivers License?

O No

• Yes, please provide a copy with this application

If you are considered for employment with the HSMC, do you object to a police background check?

O No, I would NOT object.

O Yes, I WOULD object.

If Yes, please explain:

Are you a US Citizen?

- O Yes, I AM a US Citizen
- O No, I am not a US Citizen, but I have a legal WORK PERMIT
- O No, I am NOT a US Citizen

Have you ever been convicted of a felony?

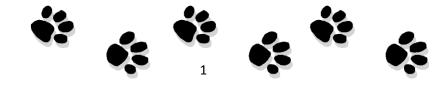
O No

O Yes, but willing to explain

O Yes, not willing to explain

Have you ever worked, volunteered for or performed community service at the HSMC in the past?

- O No
- O Yes



Please provide details of your time to included dates, position and reason for leaving:

Do you have any friends or relatives currently working, volunteering or performing community service at HSMC?

O No

O Yes

Please provide names and position:

Tell us WHY you would like to join the HSMC team:

What is your **professional** experience working with cats and dogs?

What certifications, licenses, degrees...etc, have you earned which relate to working with cats and dogs?

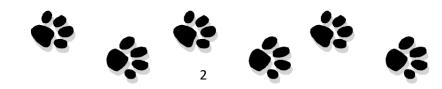
What is your **personal** experience working with cats and dogs?

Have you ever been employed by or volunteered for another Rescue, Shelter, Groomer, Kennel or Trainer (other than HSMC)?

O No

O Yes

Please provide the Name, Dates, Position and Reason for leaving:



POSITION

Please tell us what position(s) you are interested in applying for at HSMC.

Select all that apply

Animal Caretaker - (Cleaning Kennels, Shelters, Animals and Daily Care of Animals)
 *Front Desk/Clerical/File Assistant - (Junior Animal Caretaker/Non-Supervisory)
 *Adoption Counselor and Coordinator/Senior Animal Caretaker - (Leader Position)
 *Staff Supervisor/Office Manager - (Supervisor Position)
 *Assistant Supervisor/File Manager - (Supervisor Position)
 Other - (Position Not Listed)

*Please provide resume with application

Do you have any fears, allergies or medical limitations which would prevent you from participating in, or working in all areas of the rescue? (*This includes outside events*)

O No

O Yes, please explain:

Based on the position(s) selected above, what is your salary range requirement?

What type of position are you seeking? (We do not offer full-time employment at this time)

O Permanent: less than 30 hours per week

O Temporary: # of months - _____

On Call: fill-in for other employees

O Seasonal: please be specific - _____

Our current employment schedule is listed below. Please select the shifts you are able to work:

Clo	Closed		Open to Public 10am - 5pm				
<u>Sunday</u>	Monday	Tuesday	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	
8-10am & 4-	8-10am & 4-	8am - 2pm	8am - 2pm	8am - 2pm	8am - 2pm	8am - 2pm	
6pm	6pm	10am -5pm	10am -5pm	10am -5pm	10am -5pm	10am -5pm	

We require all potential employees to participate in a "Working Interview". During a "Working Interview" you will work side by side with Animal Caretakers learning the basic tasks of the HSMC. After the "Working Interview" you will be scheduled to meet with the Operations Manager for a final interview prior to making a final decision of employment.

If hired, what date can you begin working?

When was your last Tetanus vaccination?

EDUCATIONAL BACKGROUND

Are you currently enrolled in school?

O No

OYes

Name of the school your are currently or last attended:

Date of graduation:

Area of study or Major/Minor (College Students Only):

Do you have a previous work history?

ONo, this would be my first job

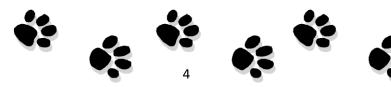
OYes

EMPLOYMENT HISTORY

Please list your employment for the last five years. If retired or disabled, please list the last job you held prior to retirement/disability. If you have fewer than three employers please write "No Further Information"

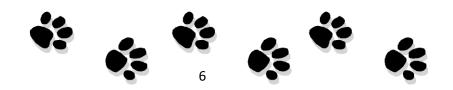
1) MOST RECENT OR CURRENT EMPLOYER

Employer's Company Name:			
Company Address:			
City:	State:	Zip Code:	
Dates Employed:	_	Starting/Ending Wage or Salary: <u>\$</u>	
Job/Position Title			
What were your duties and responsibilities?			
Reason for leaving or Termination			



Supervisor's Name	Phone/Email
May we contact your former/current supervisor for a reference?	
O No	
O Yes	
2) PREVIOUS EMPLOYER	
Employer's Company Name:	
Company Address:	
City:	State: Zip Code:
Dates Employed:	Starting/Ending Wage or Salary: <u>\$</u>
Job/Position Title	
What were your duties and responsibilities?	
Reason for leaving or Termination	
Supervisor's Name	Phone/Email
May we contact your former/current supervisor for a reference?	
3) PREVIOUS EMPLOYER	
Employer's Company Name:	
	5

Company Address:			
City:	State:	Zip Code:	
Dates Employed:		Starting/Ending Wage or Salary: <u>\$</u>	
Job/Position Title			
What were your duties and responsibilities?			
Reason for leaving or Termination			
Supervisor's Name	Phone/	Email	
May we contact your former/current supervisor for a refe \bigcirc No	rence?		
O Yes			
Did you or are you currently serving in the Armed Forces No Yes (please complete Military History)	\$?		
<u>MILITARY HISTORY</u> Which Branch of the Armed Forced did/do you serve in?			
What is your current status? O Active	If Active/Reserve/Nat contact information.	ional Guard, Please provide unit and command	
 Reserve National Guard - State: Veteran 			



I understand that this application is not an offer of employment, mean that any positions are currently available nor does it guarantee that I will be offered a job. I also understand that if hired, the Humane Society of Morgan County may change the terms and conditions of my employment, if necessary and appropriate, that any employment is for an indefinite period of time, and that both the Humane Society of Morgan County and I have the freedom to terminate such employment relationship whenever either chooses to do so, with or without notice.

I understand that material omission or false statements of this application may be considered sufficient cause for denial of employment or dismissal if discovered.

I understand that I will be required to undergo a drug screening test as part of the employment process if I have been selected as a possible candidate for employment. An offer of employment will be withdrawn when results of drug screening are positive for illegal drugs or the presence of prescription drugs (such as barbiturates, amphetamines, opiates, etc...) unless I have a current prescription and valid reason for the use of such drugs.

I furthermore understand that smoking is NOT permitted on the Humane Society grounds or during my shift. If I am caught smoking on the property or smell like smoke I WILL be given a written counseling statement which may lead to termination.

The Humane Society is committed to providing equal opportunity in all of its employment practices, including selection, hiring, promotion and compensation to all qualified applicants and employees without regard to race, color, religion, gender, national origin, age, disability, pregnancy, childbirth or related medical conditions, military service status, citizenship status or any other basis prohibited by federal, state or local law.

The Humane Society believes equal opportunity is not just a legal issue; it is a moral concern and obligation. The climate wherein each employee can grow to the full extent of his or her talent requires the cooperation and understanding of all employees.

Upon being made aware of the need, the Humane Society will make reasonable accommodations to otherwise-qualified persons with a disability if such reasonable accommodations permit such persons to perform their job duties satisfactory.

Signature of Applicant

Date

Printed Name

