



Application for Employment

GREEN COUNTY HUMANE SOCIETY

www.greencountyhumane.org

Check One:
New Applicant
Re-employment Applicant

- This organization is an equal opportunity employer. All applications for employment will be considered without regard to race, religion, color, sex, sexual orientation, age, national origin or ancestry, citizenship, disability, marital status, or veteran status.
- Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching resume.)
- This application form will be considered current for 90 days only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by completing a new application form.

Personal Data

Last Name		First Name		Middle Name or Initial		Date of Application	
Present Address (Number and Street)		City		State		Zip Code	
Area Code/Telephone No.							
Permanent Address (if different from above)		City		State		Zip Code	
						Cell/Mobile Telephone No.	

Are you 18 years of age or older? Yes No

Position Desired

Position Desired		<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/> Days <input type="checkbox"/> Evening <input type="checkbox"/> Weekends <input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift		Date Available To Start		Salary Desired	
Have you applied here before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when? _____					
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No							
May we contact your current employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No							
Any limitations on overtime?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Please explain If yes:					

Employment History

Name of Present or Last Employer				Title or Position					
Address		City		State		Zip Code		Area Code/Telephone No.	
Employment Dates (Month and Year)		Starting Salary		Final Salary		Other Compensation			
From: To:		\$ Per		\$ Per					
Name and Title of Immediate Supervisor				Reason for Leaving					
Description of Duties									

Name of Previous Employer				Title or Position					
Address		City		State		Zip Code		Area Code/Telephone No.	
Employment Dates (Month and Year)		Starting Salary		Final Salary		Other Compensation			
From: To:		\$ Per		\$ Per					
Name and Title of Immediate Supervisor				Reason for Leaving					
Description of Duties									

Name of Previous Employer			Title or Position			
Address		City	State	Zip Code	Area Code/Telephone No.	
Employment Dates (Month and Year) From: To:		Starting Salary \$ Per		Final Salary \$ Per		Other Compensation
Name and Title of Immediate Supervisor			Reason for Leaving			
Description of Duties						

Education

School Name and Location	High School or General Equivalency Diploma (GED)	Undergraduate College/University				Graduate/Professional				Business/Technical
		1	2	3	4	1	2	3	4	
Circle Last Year Completed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diploma / Degree / Credits										
Describe Course of Study										
Describe any specialized training, apprenticeship, skills, or certifications										

Other Special Knowledge, Skills or Qualifications

Typing: <input type="checkbox"/> Yes <input type="checkbox"/> No WPM:	10-Key Calculator <input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Computer <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you familiar with the following business software?		
Microsoft Word <input type="checkbox"/> Yes <input type="checkbox"/> No	Spreadsheets <input type="checkbox"/> Yes <input type="checkbox"/> No	Database <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail <input type="checkbox"/> Yes <input type="checkbox"/> No	Presentations <input type="checkbox"/> Yes <input type="checkbox"/> No	Desktop Publishing <input type="checkbox"/> Yes <input type="checkbox"/> No
Rate your computer skills: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Learning <input type="checkbox"/> Other		

Training/Certifications

Sponsoring Organization and Location	Name of Course, Certification, Seminar, etc.	CEU's	# of Hours	Dates

Statement

Explain briefly why you are interested in working for our organization:

References

Please indicate whether schooling or employment was under another name:

List people other than relatives who know of your qualifications and/or background experience.

Name	Profession/Relationship	Area Code/Phone	Business or Home Address
		H C W	
		H C W	
		H C W	

I hereby authorize you to check all my educational references and the personal employment references as indicated below; I further authorize these references to release to you all information that they have about me (check all that apply):

- Present employer Present employer after accepting position
 Previous employer Additional references listed

Is there any reason why you would not be able to perform the essential functions of the position for which you are applying with or without reasonable accommodation?

- Yes No If yes, please describe:

Are you legally eligible to be employed in the United States?

- Yes No (Proof of identity and eligibility will be required upon employment.)

Have you ever been convicted of a crime (other than traffic violations)?

- Yes No If yes, state offense, date and location (a conviction record will not necessarily be cause for disqualification):

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

Do you have current auto insurance? Yes No Name of Insurance Carrier:

- I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected. And if I am employed, my employment may be terminated at any time.
- I hereby authorize GREEN COUNTY HUMANE SOCIETY to verify all statements contained in this application for employment including my employment and educational record, my employment including current and all previous employers, my educational record and any educational institution, and or any other persons/references.
- I further agree to release and hold harmless GREEN COUNTY HUMANE SOCIETY, it's agents or employees, as well as any previous employers, educational institutions, or other persons, from any and all claims or liability that may arise in connection with the request or provision of such information.
- In consideration of my employment, I agree to conform to the organization's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the organization's option.
- I also understand and agree that the terms and conditions of my employment may be changed with or without notice, at anytime by the organization.
- I understand that if I receive an offer of employment, I may be required to undergo a drug screening test and/or criminal background check, and that my employment may be conditional on the results. A social security number and birth date may be required to conduct a background check.

I understand and accept the conditions of employment if offered a position by the GREEN COUNTY HUMANE SOCIETY.

Signature _____

Date _____