



APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Name (Last)	(First)	(M.I.)	Telephone number
Address (Mailing address)	(City)	(State)	
E-Mail address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you, or will you be 18 years or older by your date available? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position or type of employment desired:		Will Accept <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary
Salary desired:	Date available to start:	
Have you ever applied or worked for the Humane Society for Southwest Washington (HSSW)? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you related to anyone who currently works at HSSW or ReTails Thrift Store? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Days available to work: Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Holidays <input type="checkbox"/>		
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION AND TRAINING

College, Trade, Military (Most recent first)			
Name and Location	Graduate	Degree	Major or Subject
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational License, Certificate or Registration	Number	State issued	Expiration date

SPECIAL SKILLS (List all pertinent skills you have and equipment that you can operate)

Fluency in multiple languages including ASL (American Sign Language)

VETERAN INFORMATION (Most recent)

Branch of service:	Date of entry:	Date of discharge:
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WORK EXPERIENCE (Most recent first; include volunteer work and military service)

Employer	Job title	Dates of employment
Supervisor	Phone number	
Email Address		
Specific Duties -		
Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Specific Duties -		
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ADDITIONAL REFERENCES (Work, Volunteer & Character)

Relationship to reference	Reference name	Reference telephone number	Reference email address

Applicant's Certification & Release of Liability

Unless otherwise noted on this application, I authorize my previous employers, references, and other persons or institutions noted on this application to provide the Humane Society with information they may have regarding me and my employment history. I agree to release and hold harmless all persons supplying the information to the Humane Society and its agents and employees, for any and all liabilities arising out of their investigation of my application for employment.

I understand that my application is being considered for the specific position for which I have applied, and that my application will remain active for no more than sixty (60) days. If I am not hired for this position and subsequently become interested in any future job opportunities that may become available, I will need to reapply.

I understand that if I become a final applicant, additional screening prior to hire may include a criminal background check, motor vehicle or driving record check and drug screening. I hereby consent to these screens and understand that if the Humane Society withholds an offer of employment from me based solely upon information provided by any of these checks, that I will be provided with that information, the name, address and telephone number of the company providing such background information and an opportunity to correct such information if it is inaccurate.

I acknowledge and agree that if hired, my employment is at will. My employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Humane Society or myself. Furthermore, no oral or written representations made, regardless of who makes them, shall be effective to modify these terms and conditions so as to create any agreement of employment, either expressed or implied. I agree that I am not guaranteed any term of employment for any specified period of time or contrary to the terms and conditions stated herein. A photocopy of this authorization shall have full force and effect of the original.

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

The Humane Society for Southwest Washington is dedicated to the achievement of equality of opportunity for all its employees and applicants for employment without regard to race, color, religion, sex, sexual orientation, marital status, age, national origin, disability, veteran status or any other protected group status under federal, state or local law. The Humane Society for Southwest Washington participates in E-Verify.

Signature of applicant _____ Date _____