



# APPLICATION FOR EMPLOYMENT

**APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM**

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Today's Date \_\_\_\_\_

## Personal Information

Full Name \_\_\_\_\_ Home Phone# \_\_\_\_\_  
 Last First Middle Area Code + Number

Present Address \_\_\_\_\_  
 Number & Street City State & Zip

Former Address \_\_\_\_\_  
 Number & Street City State & Zip

Have you made previous application to HSMC?  Yes  No If yes when? \_\_\_\_\_

Have you ever worked for HSMC?  Yes  No If yes when and what position? \_\_\_\_\_

Do you have transportation to work?  Yes  No Will you work overtime if asked?  Yes  No

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If yes, give dates and explain below. (attach separate paper if necessary.)

If yes, please explain \_\_\_\_\_

CONVICTION FOR AN OFFENSE WILL NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION

Do you have any friends or relatives who work for HSMC?  Yes  No

## Employment Desired

Position desired \_\_\_\_\_  Part-Time  Full-Time

Are you legally authorized to work in the United States?  Yes  No

Date available for employment \_\_\_\_\_ Minimum salary required \_\_\_\_\_

Have you had prior educational experience that relates to the job for which you are applying?  Yes  No

If yes, describe \_\_\_\_\_

## Work History

List below all current and past employment, beginning with your most recent.

1	Company Name	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	Telephone ( )
	Address		Employed - Month/Year
	Supervisors Name		From To
	State Job Title and Describe Your Work		Pay Rate Start Last Reason For Leaving

2	Company Name	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	Telephone ( )
	Address		Employed - Month/Year
	Supervisors Name		From To
	State Job Title and Describe Your Work		Pay Rate Start Last Reason For Leaving

3	Company Name	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	Telephone ( )
	Address		Employed - Month/Year
	Supervisors Name		From To
	State Job Title and Describe Your Work		Pay Rate Start Last Reason For Leaving

4	Company Name	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	Telephone ( )
	Address		Employed - Month/Year
	Supervisors Name		From To
	State Job Title and Describe Your Work		Pay Rate Start Last Reason For Leaving

**AN EQUAL OPPORTUNITY EMPLOYER**

HUMANE SOCIETY OF MANATEE COUNTY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, RELIGION, COLOR, AGE, NATIONAL ORIGIN, DISABILITY, CITIZENSHIP STATUS OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW.

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## Education

School	Name and Location of School	Course of Study	Circle last grade completed	Did you graduate	Degree or Diploma
Elementary			5 6 7 8	Y N	
High School			9 10 11 12	Y N	
Vocational or Business			1 2 3 4	Y N	
College			1 2 3 4	Y N	
Graduate			1 2 3 4	Y N	
Other (specify)			1 2 3 4	Y N	

Specify professional designations, certifications, licenses or registrations held related to the job(s) applied for:

Issued in what state? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Summarize any and all job-related skills and qualifications acquired from employment, school or other experiences.

Are you a veteran of the US Military Service?  Yes  No If yes, what branch of Service? \_\_\_\_\_

If yes, beginning and ending date of active duty: from \_\_\_ | \_\_\_ | \_\_\_ to \_\_\_ | \_\_\_ | \_\_\_

Date of Discharge from Military Service \_\_\_ | \_\_\_ | \_\_\_

## Personal References

List three persons not related to you, whom you have known at least one year.

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Years Aquainted \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Years Aquainted \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Years Aquainted \_\_\_\_\_

## Agreement

I certify that all information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that misrepresentations, or omissions of facts called for, are cause for refusal to hire or for dismissal at any time without any previous notice.

I understand that this application will remain active for a 90-day period. After that time, if I desire further consideration, I will complete a new application in person or by mail.

Hiring is conditional upon, among other things, an applicant submitting proof of identification and work eligibility in accordance with the Immigration Reform and Control Act, and receiving a negative drug test result. I understand employment at the Humane Society of Manatee County is on an "at-will" basis.

In connection with my application for employment, I authorize the Humane Society of Manatee County, and its respective agents to solicit information about my background, including, but not limited to, information as to my employment, education, consumer credit history, military services, driving record, criminal record and/or public records history. I authorize all persons who may have information relevant to this investigation to disclose said information. I release from liability all persons, companies, governmental or other agencies and corporations disclosing such information. I hereby further authorize that a photocopy of this authorization may be considered as an original.

I authorize, without reservation, any person, agency or other entity contacted by the Humane Society of Manatee County to furnish the above mentioned information.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE