

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed: From:	To:
Address:		
Telephone Number: ()	Hourly Rate/Salary: Starting: \$	Final: \$
Job Title:	Supervisor:	
Work Performed:		
Reason for Leaving:		

Employer:	Dates Employed: From:	To:
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Job Title:	Supervisor:	
Work Performed:		
Reason for Leaving:		

1. Why would you like to work for a non-profit animal shelter?
2. What is your opinion regarding spay/neutering animals?
3. What are you feelings on euthanasia?

References

1. Name:	Phone: ()	-	<input type="checkbox"/> Personal	<input type="checkbox"/> Business
2. Name:	Phone: ()	-	<input type="checkbox"/> Personal	<input type="checkbox"/> Business
3. Name:	Phone: ()	-	<input type="checkbox"/> Personal	<input type="checkbox"/> Business

Applicant's Statement

I certify that the answers given are true and complete to the best of my knowledge. 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 within 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 such change is specifically acknowledged in writing by an authorized executive of this organization. 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 of Applicant Date