IDAHO HUMANE SOCIETY

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, national origin, age, gender, martial, pregnancy, physical or mental disability, veteran, military or any other legally protected status. All information given will be available only to persons who have a need to know or as required by law. This company will make reasonable accommodation in the application process, if needed.

Position Applied for: _____   Date of Application: _____

How did you learn about us?   ☐ Advertisement ☐ Friend ☐ Walk-in ☐ Employment Agency

☐ Relative ☐ Other _____

Last Name   First Name   Middle Initial   Email Address

Street Address   City   State   Zip Code

Home Telephone No.   Cellular No.

If you are under 18 years of age, can you provide required proof of your eligibility to work?	☐ Yes ☐ No
Have you ever filed an application with us before? If Yes, give date _____	☐ Yes ☐ No
Have you ever been employed with us before? If Yes, give date _____	☐ Yes ☐ No
Are you currently employed?	☐ Yes ☐ No
May we contact your current employer?	☐ Yes ☐ No
Are you authorized to work in the United States?	☐ Yes ☐ No
Have you ever been terminated from a job or asked to resign by an employer?	☐ Yes ☐ No
On what date will you be available for work?	_____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Have you been convicted of a felony within the last 7 years?   ☐ Yes ☐ No
Conviction will not necessarily disqualify an applicant from employment.
If Yes, please explain _____

_____

Education

		High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Did you graduate?				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal race, color, religion, national origin, age, gender, martial, pregnancy, physical or mental disability, veteran, military or any other legally protected status.

_____

_____

_____

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? ☐ Yes ☐ No

Employment Experience

Start with your present or last job. Include any job-related volunteer activities or other related assignments. You may exclude organizations which indicate race, color, religion, national origin, age, gender, martial, pregnancy, physical or mental disability, veteran, military or any other legally protected status.

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

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If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

_____

_____

_____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge and authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, educational institutions, custodians of official records or other sources. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions and release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Company (Idaho Humane Society) to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

This application for employment shall be considered active for a period of time not to exceed 90 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 with or without cause. It is further understood that this 'at will' employment relationship may not be changed by any written document of 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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER