

EMPLOYMENT APPLICATION



**Cedar Valley
Humane Society**

Social Security No. _____ Date _____

Position Applied for: _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Home Phone No. _____ Cell Phone No. _____

Vehicle Operators License No. _____ State _____ Class _____ Expires _____

Has your license ever been suspended or revoked in any State? _____ Yes _____ No

If yes, indicate which state, date and reason: _____

Have you ever been convicted of a crime (excluding minor traffic violations)? Conviction of a crime will not necessarily bar employment.

Yes _____ Date of conviction (year) _____ No _____ Do not report any conviction for which the records have been officially expunged.

If yes, please explain. _____

How soon can you report to work? _____ Acceptable salary range: _____

Educational Data

Schools Attended Did you successfully complete?	Name and location of last school attended	List major courses taken
Elementary Yes <input type="checkbox"/> No <input type="checkbox"/>		
Junior High Yes <input type="checkbox"/> No <input type="checkbox"/>		
Senior High Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you did not graduate from high school, have you received a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>		
COLLEGE, UNIVERSITY or OTHER TRAINING Give name and location of College, University or Professional School	Major or Specialty	Degree or Certificate received? If yes, give title. If No, number semester hours or credits completed.

Relevant Skills/Experience

Certifications

Special equipment operated _____

Give employment record as completely as possible starting with your present or last position not to exceed past 15 years. Attach additional sheets if necessary. **Note: This application must be fully completed whether or not a resume is submitted.**

1. Employer/Firm	Address	Date Start	Date Finish
	Telephone	Salary Start	Salary Finish
Type of Business	Reason for Leaving	Full-Time	Part-Time

Title of Position and Duties:

Immediate Supervisor: _____ Title: _____

2. Employer/Firm	Address	Date Start	Date Finish
	Telephone	Salary Start	Salary Finish
Type of Business	Reason for Leaving	Full-Time	Part-Time

Title of Position and Duties:

Immediate Supervisor: _____ Title: _____

3. Employer/Firm	Address	Date Start	Date Finish
	Telephone	Salary Start	Salary Finish
Type of Business	Reason for Leaving	Full-Time	Part-Time

Title of Position and Duties:

Immediate Supervisor: _____ Title: _____

Business or Professional References Only – (Please do not list relatives)

Name	Address	Telephone #	Occupation	Years Known
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Make sure you answer all the questions on this form. If you do not fill it out completely, it may result in the rejection of this application.

“UNDER STATE LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00.”

I have read and acknowledge the above statement regarding State Code and lie detector tests.

Signature Date

I authorize the investigation of all statements made in this application. I also authorize my current or previous employers to verify the statements made in this application and to provide other employment data relating to my job performance, as requested. I authorize you to contact my references.

Falsification or misrepresentation of the information submitted on this application could result in the disqualification of the applicant from further consideration for employment, or if the applicant has been hired, could result in his/her discharge from employment.

Date _____ Signature _____

May we contact your present employer? _____