

FOOTHILLS HUMANE SOCIETY, INC.
EMPLOYMENT APPLICATION



No More Homeless Pets
Spay Neuter Adopt

Please print or type application. Application must be completed in full.			Date of Application		
Last 4 Digits of Social Security # XXX-XX-	Last Name		First Name		Middle Initial
Address (Street number and name)			City	State	Zip
Phone (where you can be reached) ()	Alternate Phone ()	E-mail Address			

Jobs Applied For

Enter below the specific title(s) or types of the job(s) for which you are applying. This section must be completed.

1. _____

2. _____

Questionnaire

Are you over 18 years of age? Yes No

Have you ever been employed with Foothills Humane Society before? Yes No
 If yes, give last date of employment: _____

Are you related by blood or marriage to any person now working for Foothills Humane Society? Yes No
 If yes, give name, relationship to you: _____

Are you currently employed? Yes No
 If yes, can we contact your current employer? Yes No

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

When are you available to begin work?
 Are you available to work: Full-time Part-time Temporary

Do you have dependable transportation to and from work regularly? Yes No

Have you ever been convicted of a felony? Yes No
 (Conviction will not necessarily disqualify an applicant from employment.)

References (Please list references to whom you are not related)

Name	Mailing Address	Phone Number	Email Address	Relationship

Referral Source

How were you referred to Foothills Humane Society? Newspaper Ad ESC/Job Service School Other

Education

Check box of highest grade completed: 1-5 6-8 9-12 GED College Graduate School

Schools	Name and Location	Grad?		Maj/Min Course Work and Type of Degree
High School		Yes	<input type="checkbox"/>	
		No	<input type="checkbox"/>	
College University		Yes	<input type="checkbox"/>	
		No	<input type="checkbox"/>	
Graduate or Professional		Yes	<input type="checkbox"/>	
		No	<input type="checkbox"/>	
Other educational vocational school, internships, etc.		Yes	<input type="checkbox"/>	
		No	<input type="checkbox"/>	

Special training programs, licenses, or certifications:

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Work History

Please provide work history for the last 10 Years (Include volunteer experience. Use Additional Sheets if necessary)

Current or Last Employer:		Address:		
Job Title:		Supervisor Name:	Telephone Number:	
Date Employed (mo./yr)	Ending Salary \$ per	Reason for leaving		
Date Separated mo./yr.)	Duties:			
Full time <input type="checkbox"/>				Part Time <input type="checkbox"/>
If part time, number of hours worked per week:				

Employer:		Address:		
Job Title:		Supervisor Name:	Telephone Number:	
Date Employed (mo./yr)	Ending Salary \$ per	Reason for leaving		
Date Separated mo./yr.)	Duties:			
Full time <input type="checkbox"/>				Part Time <input type="checkbox"/>
If part time, number of hours worked per week:				

Employer:		Address:		
Job Title:		Supervisor Name:	Telephone Number:	
Date Employed (mo./yr)	Ending Salary \$ per	Reason for leaving		
Date Separated mo./yr.)	Duties:			
Full time <input type="checkbox"/>				Part Time <input type="checkbox"/>
If part time, number of hours worked per week:				

Applicant's Statement

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Further, I 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 that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Please return application mail to: Attn: Executive Director
Foothills Humane Society, Inc.
989 Little Mountain Road
Columbus, NC 28722

or via email to: info@foothillshumanesociety.org