

APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information

Name (Last Name First) _____ Social Security # _____
 Address _____ City _____ State _____ Zip _____
 Phone # _____ Referred By _____

Employment Desired

Position _____ Date You Can Start _____ Salary Desired _____
 Are You Currently Employed? Yes No If So, May We Inquire of Your Present Employer? Yes No
 Ever Applied to WCHS Before? Yes No When? _____ Full or Part Time Desired? _____

Education

	Name and Location of School	Years Attended	Did You Graduate?	Subjects Studied
Elementary School				
High School				
College				
Trade, Business or Correspondence School				

General

Subjects of Special Study or Special Training/Skills _____

 U.S. Military Service _____ Rank? _____

Employment History (List below your last four employers beginning with the most recent)

Dates of Employment (Month and Year)	Name/Address/Phone Number of Employer	Position	Salary	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References (Give below the names of three persons not related to you, whom you have known at least one year)

Name	Address/Phone #	Business	Years Known

Authorization I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the organization from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the organization has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized organization representative.

Date _____ Signature of Applicant _____

Notification to Applicant

It is the policy of The Washington County Humane Society to provide employment, compensation, and other employment benefits based on qualifications without regard to race, color, religion, national origin, age, sex, veteran status or handicap or any other basis prohibited by federal or state law.

Receipt of this application by The Washington County Humane Society does not guarantee a job interview or an offer of employment. Employment with WCHS may be contingent upon one or more personal interviews, an investigation of past work history and references, and the satisfactory completion of a driving record check.

If an employment relationship is established, employment is at will and you may terminate your employment at any time, and WCHS retains the same right.

As an Equal Opportunity Employer, The Washington County Humane Society intends to comply with all the federal and state laws, and the information requested on this application will not be used for any purpose prohibited by law.

Date _____ Signature of Applicant _____

Do Not Write Below This Line

Interviewed by _____		Date _____	
Remarks _____			
On Time for Interview? _____		Neatness _____	
Personality _____		Character _____	
Ability _____			
Date Hired _____		Position _____	
Salary _____		Start Date _____	
Supervisor Signature _____		Executive Assistant or Executive Director _____	