



# EMPLOYMENT APPLICATION

(An Equal Opportunity Employer)

Date \_\_\_\_\_

(Please Print)

GENERAL INFORMATION

① Name \_\_\_\_\_ (Last) (First) (Middle)

Business Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_ (No.) (Street) (City) (State) (Zip)

Permanent Address if different from present address

\_\_\_\_\_ (No.) (Street) (City) (State) (Zip)

EMPLOYMENT DESIRED

② Position applying for: \_\_\_\_\_

Are you applying for (answer yes or no):

Regular full-time work? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Regular part-time work? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Temporary work, e.g., summer or holiday work? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From \_\_\_\_\_ To \_\_\_\_\_

Are you available for work on weekends? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be available to work overtime, if necessary? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

How did you hear about our employment opportunities? \_\_\_\_\_

\_\_\_\_\_



PERSONAL INFORMATION

③ Have you ever applied to or worked for The Marin Humane Society (MHS)?..... Yes \_\_\_ No \_\_\_

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for MHS?..... Yes \_\_\_ No \_\_\_

If yes, state name(s) and relationship \_\_\_\_\_

Why are you applying for work at MHS? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? ..... Yes \_\_\_ No \_\_\_

Are you at least 18 years old? ..... Yes \_\_\_ No \_\_\_

(If under 18, hire is subject to verification of minimum legal age and a work permit is required.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?..... Yes \_\_\_ No \_\_\_

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

If no, describe the functions that cannot be performed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? ..... Yes \_\_\_ No \_\_\_

(Convictions for marijuana-related offenses that are more than two years old need not be listed.)

If yes, state nature of the crime(s), when and where convicted and disposition of the case \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction for a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? ..... Yes \_\_\_ No \_\_\_

If so, may we contact your current employer? ..... Yes \_\_\_ No \_\_\_



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School	Name and Address	Number of years completed	Did you graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				

Many of our customers (clients) do not speak English.

Do you speak, write or understand any foreign languages? ..... Yes \_\_\_\_ No \_\_\_\_

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at The Marin Humane Society? If so, please explain \_\_\_\_\_

Answer the following questions if you are applying for a professional position:

Do you have any licenses/certifications relevant to the job applied for? ..... Yes \_\_\_\_ No \_\_\_\_

Name of license/certification \_\_\_\_\_

Issuing state \_\_\_\_\_

License/certification number \_\_\_\_\_

Expiration date \_\_\_\_\_

Has your license/certification ever been revoked or suspended? ..... Yes \_\_\_\_ No \_\_\_\_

If yes, state reason(s), date of revocation or suspension and date of reinstatement \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



EMPLOYMENT HISTORY

5 List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ (No.) (Street) (City) (State) (Zip)

Type of Business \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ (No.) (Street) (City) (State) (Zip)

Type of Business \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_



⑤ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

Type of Business \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

Type of Business \_\_\_\_\_

Telephone No. \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Note: Attach additional pages if necessary.



MILITARY SERVICES

⑥ Have you obtained any special skills or abilities as the result of service in the military?..... Yes \_\_\_ No \_\_\_

If so, describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name \_\_\_\_\_

Address \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

Occupation \_\_\_\_\_

Telephone No. \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

Occupation \_\_\_\_\_

Telephone No. \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

Occupation \_\_\_\_\_

Telephone No. \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_



READ, INITIAL, SIGN

⑦ Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on the application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the organization to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the organization any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the organization, my former employers and all other persons, corporation, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the organization. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the organization, and that no promises or representations contrary to the foregoing are binding on the organization unless made in writing and signed by me and the organization's designated representative.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_