



# HINSDALE HUMANE SOCIETY

## EMPLOYMENT APPLICATION

Position applied for \_\_\_\_\_ Today's date \_\_\_\_\_

Are you seeking: Full-time\_\_\_ Part time\_\_\_ employment When available for employment? \_\_\_\_\_

Name \_\_\_\_\_  
Last name First Middle initial Email

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street address City State Zip

Are you 18 years old or older? yes\_\_\_ no\_\_\_  
Email: \_\_\_\_\_

Do you have a legal right to work in the United States? yes\_\_\_ no\_\_\_

Are you a member of a Reserve organization? yes\_\_\_ no\_\_\_

Do you have a valid driver's license? yes\_\_\_ no\_\_\_

Have you ever applied here before? \_\_\_\_\_ Were you ever employed here? yes\_\_\_ no\_\_\_ When? \_\_\_\_\_

Have you ever been convicted of any law violation (other than a minor traffic violation)? yes\_\_\_ no\_\_\_ If yes, please explain. \_\_\_\_\_

Are you now or do you expect to be engaged in any other business or employment? yes\_\_\_ no\_\_\_

Of what clubs, organizations, civic or other groups have you been a member in the last five years? (Exclude any labor organizations or any organizations the name and character of which indicate race, color, religion, sex, age, disability, national origin, or other protected status.)  
\_\_\_\_\_  
\_\_\_\_\_

High School: \_\_\_\_\_ Highest grade completed? \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Acquired GED? \_\_\_\_\_

College or University: \_\_\_\_\_  
Street City State

College Major: \_\_\_\_\_ City Degree: \_\_\_\_\_  
Street State

Additional Educational and/or vocational or Technical Training Information:  
Name: \_\_\_\_\_ Courses taken: \_\_\_\_\_

Street City State

Are you physically or otherwise **unable** to perform the duties of the job for which you are applying? yes\_\_\_ no\_\_\_

Is there any reason why you cannot perform the duties and responsibilities of the job for at least one year?  
yes\_\_\_ no\_\_\_

Would you take a physical examination, if required? yes\_\_\_ no\_\_\_

Would you be willing to submit to a criminal background check and fingerprinting if required? yes\_\_\_ no\_\_\_

Give three references, not relatives or former employers. (Providing this information means that you give this organization permission to contact the references listed.)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

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

List names of employers in consecutive order with present or last first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.  
**PLEASE GIVE MONTH AND YEAR.**

Name/Address Employer	Start / End date	Salary	Job title & duties	Reason for leaving	Supervisor name
Name: Address:  Phone:	From:  To:	Start:  Final:			
Name: Address:  Phone:	From:  To:	Start:  Final:			
Name: Address:  Phone:	From:  To:	Start:  Final:			

If you worked in any of the above positions under another name, please give name \_\_\_\_\_

Are you presently employed? \_\_\_\_Yes \_\_\_\_No If yes, may we contact your present employer? \_\_\_\_Yes \_\_\_\_No

Do you have any other skills you wish to mention? \_\_\_\_\_

In making this application for employment, it is understood that an investigation may be made whereby information is obtained through interviews with your employers, neighbors, friends and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I hereby authorize the Hinsdale Humane Society to contact prior employers to obtain any and all information related to my past work performance. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination.

Signature \_\_\_\_\_

Date \_\_\_\_\_

In a brief paragraph, list your reasons for wanting to work with us at the Hinsdale Humane Society.

List any animal-related activities in which you have participated.