

LITTLE SHELTER

APPLICATION FOR EMPLOYMENT

Date: _____ Where did you hear about the job opportunity at Little Shelter? _____

PERSONAL INFORMATION

Name: _____

Present Address: _____
(Street, City, State, Zip)

Phone Number: (_____) _____ Email Address: _____

Cell Number: (_____) _____ Are you a U.S. Citizen? Y [] N []

POSITION

What position are you applying for? _____ Date you can start: _____

What are you looking for? Full Time _____ Part Time _____ What days: _____

Permanent _____ Temporary _____ Summer Only _____ What Hours _____

EDUCATION

Name of last school attended: _____ Number of years attended: _____

Vocational or trade training?: Y [] N [] Name of the school: _____

What field?: _____ License?: _____ Number of years attended: _____

Are you in school now?: Y [] N [] If yes, name of school?: _____

Hours you attend: _____ Major: _____

SKILLS

General Office

<input type="checkbox"/> Typing	<input type="checkbox"/> Shorthand	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Secretarial
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Telephone	<input type="checkbox"/> Filing	<input type="checkbox"/> Clerical
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Do you speak or write a foreign language?	
<input type="checkbox"/> Other (please specify): _____		If yes, which one: _____	

Animal Skills/Medical

<input type="checkbox"/> Grooming	<input type="checkbox"/> Dog Training	<input type="checkbox"/> Dog Handling	<input type="checkbox"/> Kennel Cleaning	<input type="checkbox"/> Medical
<input type="checkbox"/> Other (please specify): _____				

Other

<input type="checkbox"/> Landscaping	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical
<input type="checkbox"/> Other (please specify): _____				

Additional Skills: _____

Do you have any pets?: Y [] N [] What type? _____ Is your pet spayed or neutered?: _____

Where did you obtain your pet?: _____

Have you ever applied to this company before?: Y [] N [] If so, when?:_____

Former Employers:

Former Employers:				
Date/Month/Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

References: (give the names of three persons, not related to you, that you know over one year).

Name	Address (street/city/state/zip)	Telephone #	Years Acquainted

PHYSICAL RECORD

Do you use drugs or alcohol? Y [] N [] If so, please explain:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Y[] N[]

If so, what can be done to accommodate you limitation: (please describe)

When did you have your last tetanus shot?: _____ Do you have allergies to dogs or cats? Y [☐] N [☐]

In case of emergency, please notify: _____
(Name, Address, Phone) (Relationship)

"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 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 all parties from all liability for any damage that may result from furnishing same to you.

I understand that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

I understand that working with animals can be a risk. I agree to assume full responsibility if an accident or property damage were to result, and that I release Little Shelter, it's officers and/or it's agents from any responsibility what-so-ever. I understand that if I have not had a tetanus shot within the last five (5) years, I will be responsible for having this shot done by my physician.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

[illegible]

Interviewed by: _____ Date: _____

Hired: Y [] N [] Position: Dept.:

Salary/Wage: _____ Date reporting to work: _____

Comments: A W4 EV PR DL HB