## **Application for Employment**



PLEASE PRINT. Complete the application will be deemed incomplete.										
application will be deemed incomplete and may not be considered. Please fill out each box (don't just All applicants must be Email Address									of Application	
at least 18 years old.  Name (Last, First, Middle Initial)									Other names under which you have attended school or	
Street Address					Date of Birth		been	employed		
City	State	State Zi			Social Security Number To be available at hire		Phone			
Have you ever been employed by Elmore SPCA?			□Yes □No		If YES, dates of employment & rea			ason fo	r leaving	
Are you related to any current Elmore SPCA employee?			□Yes □No		If YES, please provide their name & relationship to you				ionship to you	
Are you able to lift and carry 50	lb items?		□Yes □No		I am available to work weekends?			□Yes	s  No	
Are you eligible to work in the United States?			□Yes □No		Employment preference?			time [	Part-time	
Do you have reliable means to get to work?			□Yes	No Preference:		ence:  Ful	Full time Part time			
EDUCATION								•		
Name of School	City/S	City/State		e Did Grad		If No, # of Years Left to Graduate	If Yes, Date of Graduation	De	egree Received/Major	
High School:					les No					
GED:										
Other School:				□ Y						
College:			☐ Ye		les No					
Describe Computer Skills:										
DEEEDENCES N										
REFERENCES Do NOT list relatives or fo		Address				Phone		Number of Years You Have Known Reference		



## **WORK EXPERIENCE**

Please detail your <u>entire</u> work history. Begin with your <u>current</u> or most recent employer. If you held multiple positions with the same organization, detail each position separately. <u>Attach additional sheets if necessary</u>. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. Do not complete this information with the notation "See Resume." **PLEASE NOTE**: Elmore SPCA, Inc. reserves the right to contact all current and former employers for reference information

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Dates Employed	Full time	Title:
From: To:	Part-time	
110111	If part-time, # hours per week:	
	_	
Starting Salary:	Organization Name and Address:	
Final Salary:		
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Supervisor's Name, Title & Phone #:	Other Reference Name, Title and Phone #:	Reason for Leaving:
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Primary duties:		
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	If part-time, # hours per week:	
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Applicant's Name:	tlmore SPCA, Inc.
	kground, experience, or qualifications that you believe should be considered in yment. You may include hobbies, volunteer experience, and other activities you believe
DI FACE DE AD CADEEULIVAND	SION THAT VOILUNDEDSTAND AND ACCEPT THIS INFORMATION
I certify that the information on this appliance to fully complete the form, misrepresentable objects, or termination after employment, is statements contained in this application and see full response to any inquiries in connection and and credit background investigation, and	sication and its supporting documents is accurate and complete. I understand and agree thation, or omission of facts represents grounds for elimination from consideration for if discovered at a later date. I authorize Elmore SPCA, Inc. to investigate, without liability supporting materials. I authorize references and former employers, without liability, to on with this application for employment. If requested, I agree to submit to a physical example of the substances upon conditional offer of employment. I understant ent, and that an offer of employment, if tendered, does NOT constitute a contract for

fa e a m c th continued guaranteed employment. I understand that staff employees of Elmore SPCA, Inc. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits, including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I may be terminated without right of appeal.

Applicant Signature:	Date: