



Employment Application

The Peninsula Humane Society & SPCA is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL						
Last Name F	First		Initial	Social Security #		
Other Name(s) Used				Home Telephone #		
Address				Business or Message #		
Position Applied For	1	Referred I	Зу	Email Address		
Have you ever interviewed with the	Yes	s No	If yes, list date(s) & job titl	les:		
Peninsula Humane Society & SPCA?						
Are you applying for:			Are you available for work		Yes	No
Regular full-time work?	Yes		Are you available to work		Yes	No
Regular part-time work?	Yes		Are you available to work		Yes	No
Temporary/Seasonal work?	Yes	s No	Are you able to work diffe		Yes	No
			(e.g. swing shift, graveyard	l shift), if needed?		
Do you have any friends or	Yes	s No	If yes, state name(s) and r	elationship:		
relatives employed by PHS/SPCA?	res	5 100				
If hired, on what date can you start w	vork?					

EDUCATION

Check Highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Craduate Studies				

Graduate Studies

School	Address	Dates Attended	Degree, Diploma, License or Certificate	
High School				
College/University				
Vocational, Business, Other				
List Any Education or Certifications Specifically Related to the Position Sought.				
Other Special Knowledge, Skills or Qualifications				

For Clerical Applicants Only:

Do you type? Yes No If yes, WPM: Computer Skills (Hardware/Software)

EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information must be completed. You may attach a résumé but not in place of completing the required information.

Employed From	Employer Name	Supervisor Name	Starting Salary
/ /			
Employed Until	Employer Address	Supervisor Phone #	Ending Salary
/ /			
Job Title		Reason for Leaving	
Duties & Responsibilit	ies		

Employed From	Employer Name	Supervisor Name	Starting Salary
/ /			
Employed Until	Employer Address	Supervisor Phone #	Ending Salary
/ /			
Job Title		Reason for Leaving	
Duties & Responsibilit	ies		

Employer Name	Supervisor Name	Starting Salary
Employer Address	Supervisor Phone #	Ending Salary
	Reason for Leaving	
les		
		Employer Address Supervisor Phone # Reason for Leaving

Employed From	Employer Name	Supervisor Name	Starting Salary
/ /			
Employed Until	Employer Address	Supervisor Phone #	Ending Salary
/ /			
Job Title		Reason for Leaving	
Duties & Responsibilit	ies		

GENERAL

Yes No

Are you currently employed?

May we contact your current employer?

Have you ever applied to or worked for Peninsula Humane Society & SPCA? If yes, when? _

If hired, can you furnish proof of age?

If hired, would you have a reliable means of transportation to and from work?

Have you ever been terminated or asked to resign from any employment? If yes, please explain:

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? 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.)

If hired, can you present evidence of your US citizenship or proof of your legal right to live and work in the US? Do you speak, write or understand any foreign language? If yes, which?

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at Peninsula Humane Society & SPCA? If so, please explain:

Have you obtained any special skills or abilities as the result of military service? If yes, please explain:

CERTIFICATION & AUTHORIZATION

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 this application or on 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 PHS/SPCA 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 company 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 PHS/SPCA, my former employers and all other persons, corporations, 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 PHS/SPCA. 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 PHS/SPCA, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the PHS/SPCA's designated representative.

I hereby acknowledge that I have read and agree to the above statements.