



### An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, and any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Are you seeking: Full-Time \_\_\_\_ Part-Time \_\_\_\_ Temporary Employment \_\_\_\_

When could you start work? \_\_\_\_\_

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Maiden Name (If applicable) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Present Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_ No \_\_\_\_ (If you are hired, you may be required to submit proof of age)

Social Security Number (Optional): \_\_\_\_\_

Date of Birth (Optional): \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the U.S.? Yes \_\_\_\_ No \_\_\_\_

Have you ever applied here before? Yes \_\_\_\_ No \_\_\_\_ If yes, When? \_\_\_\_\_

Were you ever employed here? Yes \_\_\_\_ No \_\_\_\_ If yes, When? \_\_\_\_\_

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest". Exclude minor traffic violations.) Yes \_\_\_\_ No \_\_\_\_

If yes, give details: \_\_\_\_\_

(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of your job? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_

Driver's License Number: \_\_\_\_\_ Class of License: \_\_\_\_\_ State License In: \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? Yes \_\_\_ No \_\_\_  
If yes, give details: \_\_\_\_\_

Have you ever filed for Unemployment Before? Yes \_\_\_ No \_\_\_  
If yes, give details: \_\_\_\_\_

### Education

List Name and Address of Schools:	Number of Years Completed	Year Graduated	Diploma/ Degree Certificate
High School or GED: _____ _____ _____			
Subjects Studied: _____			
College or University: _____ _____ _____			
Subjects Studied: _____			
Vocational or Technical: _____ _____ _____			
Subjects Studied: _____			

### Special Skills

What skills or additional training do you have that are related to the job for which you are applying (Include animal related experience where applicable)?

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

What machines or equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_

List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.) \_\_\_\_\_  
\_\_\_\_\_

## Work History

List names of employers in consecutive order with present or last employer listed 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.

**Note: A job offer may be contingent upon acceptable references from current and former employers.**

<p>Name of Employer: _____ Supervisor: _____</p> <p>Address: _____ Currently Employed: Yes ___ No ___</p> <p>City, State, Zip: _____ From: (mo/yr) ____/____ To: (mo/yr) ____/____</p> <p>Telephone: (    ) _____ - _____ Pay: Start \$ _____ Final \$ _____</p> <p>Title: _____ Reason For Leaving: _____</p> <p>Duties: _____</p> <p>_____</p>
<p>Name of Employer: _____ Supervisor: _____</p> <p>Address: _____ Currently Employed: Yes ___ No ___</p> <p>City, State, Zip: _____ From: (mo/yr) ____/____ To: (mo/yr) ____/____</p> <p>Telephone: (    ) _____ - _____ Pay: Start \$ _____ Final \$ _____</p> <p>Title: _____ Reason For Leaving: _____</p> <p>Duties: _____</p> <p>_____</p>
<p>Name of Employer: _____ Supervisor: _____</p> <p>Address: _____ Currently Employed: Yes ___ No ___</p> <p>City, State, Zip: _____ From: (mo/yr) ____/____ To: (mo/yr) ____/____</p> <p>Telephone: (    ) _____ - _____ Pay: Start \$ _____ Final \$ _____</p> <p>Title: _____ Reason For Leaving: _____</p> <p>Duties: _____</p> <p>_____</p>
<p>Name of Employer: _____ Supervisor: _____</p> <p>Address: _____ Currently Employed: Yes ___ No ___</p> <p>City, State, Zip: _____ From: (mo/yr) ____/____ To: (mo/yr) ____/____</p> <p>Telephone: (    ) _____ - _____ Pay: Start \$ _____ Final \$ _____</p> <p>Title: _____ Reason For Leaving: _____</p> <p>Duties: _____</p> <p>_____</p>

## References

Have you worked or attended school under any other names? Yes \_\_\_ No \_\_\_

If yes, give names: \_\_\_\_\_

Are you presently employed? Yes \_\_\_ No \_\_\_

If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

**Give three references, not relatives or former employers:**

1) Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ Years Known: \_\_\_\_\_  
Current Career: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ Years Known: \_\_\_\_\_  
Current Career: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ Years Known: \_\_\_\_\_  
Current Career: \_\_\_\_\_

## Additional Information:

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**AFFIDAVIT, CONSENT, AND RELEASE**

*PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING*

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required I understand that I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I will not be considered a regular employee until I have satisfactorily completed the required orientation period of employment.

**I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the Director of the organization has the authority to enter an agreement of employment for any specified period, and such agreement must be in writing, signed by the Director and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.**

**Please attach a resume to this application before handing in.  
I have read, understood, and by my signature consent to these statements.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

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**ADAMS COUNTY SPCA USE ONLY:**

**Advised background checks    Shelter Name    Date / Performed by    Result**

- 1) **Other shelter checks**    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_
- 2) **Humane Complaint Check**    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_
- 3) **Adoption History Check**    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_
- 4) **Other Check**    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_
- 5) **Additional Information:** \_\_\_\_\_

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