

AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment

Print clearly in ink or type all answers.

Each question should be fully & accurately answered.

No action can be taken on this application until all questions have been completed.



Humane Society of Western Montana

Saving Every Animal. Every Time.

LAST NAME FIRST NAME MIDDLE NAME

STREET ADDRESS CITY STATE ZIP

MAILING ADDRESS *(if different from above)*

DAYTIME PHONE EVENING PHONE EMAIL

SOCIAL SECURITY NO. ARE YOU 18 YEARS OR OLDER?

POSITION DESIRED DATE AVAILABLE EXPECTED WAGE

Are you seeking: full-time part-time temporary or summer employment?

Are you eligible to accept employment in the USA? yes no

Have you filed an application with us in the past? yes no date: _____

Have you ever been convicted of any law violation (except minor traffic violations)? yes no

If yes, give particulars: _____

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

If yes, please explain: _____

Do you have any physical limitations? no yes, explain _____

Do you have allergies to animals or cleaning materials? no yes, explain _____

Can you lift and carry at least 50 pounds? no yes

Availability *(Please indicate hours available)*

SUN _____ MON _____ TUE _____ WED _____

THU _____ FRI _____ SAT _____ HOLIDAYS _____

Education See Resume or list schools attended. Attach additional sheet if necessary.

NAME/LOCATION OF SCHOOL	GRADUATED?	MAJOR SUBJECT(S) STUDIED
High School	<input type="checkbox"/> yes <input type="checkbox"/> no degree:	
College/Technical	<input type="checkbox"/> yes <input type="checkbox"/> no degree:	
Other	<input type="checkbox"/> yes <input type="checkbox"/> no degree:	

Work History See Resume or list employer's names, beginning with current or most recent. Attach additional sheet if necessary.

DATES <i>Month & Year</i>	EMPLOYER <i>Name, Address & Phone Number</i>	SUPERVISOR <i>Name & Title</i>	POSITION(S)	SALARY <i>Starting & Ending</i>

References See Resume or list professional references. Attach additional sheet if necessary.

NAME & RELATION TO YOU	EMPLOYER & TITLE	PHONE	YEARS KNOWN

Applicant's Statement

I certify that the information given in this Application and related documentation is true and complete without qualification. I understand that the Humane Society of Western Montana (HSWM) may investigate my work and personal history and verify all data given on this Application, on related papers and in interviews, and I authorize HSWM to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references or former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that HSWM is entitled to rely on the representations made by me in the hiring process, and therefore I understand and acknowledge that any misrepresentation or omission of fact by me can result in immediate discharge if deemed appropriate by HSWM. I understand that if hired, my employment shall not be construed as contraction between HSWM and myself for any fixed or perpetual term.

Signature _____ Date _____

This application will only be considered for a 1-year period after its receipt by HSWM. Should you wish to be considered after the expiration of this period, please reapply.

The Humane Society of Western Montana shall provide equal opportunity employment to all employees and applicants for employment. No person shall be discriminated against because of race, color, religion, creed, sex, national origin, sexual orientation, disability, marital status or political beliefs, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

FOR HUMANE SOCIETY OF WESTERN MONTANA USE ONLY

Date Received: _____ Reviewed By: _____ Date: _____

Request Interview: yes no Scheduled Date/Time: _____

Reasons: education experience license/certification other _____

Comments: _____

Position: _____ Offered (date): _____ Starting (date): _____