

EMPLOYMENT APPLICATION

5930 HIGHWAY 93 SOUTH ~ MISSOULA, MT 59804 (406) 549-3934 ~ WWW.MYHSWM.ORG

PRINT CLEARLY IN INK OR TYPE ALL ANSWERS

PERSONAL INFORMATION					
LAST NAME	FIRST NAME			MIDDLE NAME	
ADDRESS	CITY			STATE	ZIP
CELL #	HOME #		EMAIL		
ARE YOU 18 YEARS no yes	ARE YOU ELIGIBLE TO ACCEPT EMPLOYMENT IN THE U.S.A.?	no yes	SSN		
HAVE YOU FILED AN APPLICATION no yes	HAVE YOU BEEN CONVICTED OF ANY LAW VIOLATION?	no yes	PLEASE EXPLAIN		

POSITION						
POSITION DESIRED			DESIRED WAGE		date Available	
AVAILABILITY	mon	tues		wed		thurs
	fri	sat		sun		holidays
ARE YOU SEEKING	full-time part-time	temporary/sumr	ner em	ployment?		

WORK HISTORY					
LIST EMPLOYERS OR ATTACH RESUME					
COMPANY NAME	SUPERVISOR NAME & TITLE		DATES EMPLOYED		
POSITION	PHONE	ADDRESS			
COMPANY NAME	SUPERVISOR NAME & TITLE		DATES EMPLOYED		
POSITION	PHONE	ADDRESS			
COMPANY NAME	SUPERVISOR NAME & TITLE		DATES EMPLOYED		
POSITION	PHONE	ADDRESS			
COMPANY NAME	SUPERVISOR NAME & TITLE		DATES EMPLOYED		
POSITION	PHONE	ADDRESS			

EDUCATION

LIST SCHOOLS ATTENDED OR ATTACH RESUME

HIGH SCHOOL	DEGREE	MAJOR/ SUBJECT OF STUDY
COLLEGE/ TECHNICAL	DEGREE	MAJOR/ SUBJECT OF STUDY
OTHER	DEGREE	MAJOR/ SUBJECT OF STUDY

REFERENCES

LIST PROFESSIONAL REFERENCES OR ATTACH RESUME

NAME	PHONE
AFFILIATION	YEARS KNOWN
NAME	PHONE
AFFILIATION	YEARS KNOWN
NAME	PHONE
AFFILIATION	YEARS KNOWN

EMPLOYMENT REQUIREMENTS

- Able to lift 50 lbs unaided and safely.
- Able to work with dogs, cats and other small animals.
- Ability to withstand loud noises, odors, animal hair and dander.
- Physical ability to stand on hard floors for extended periods of time.
- Able to withstand the physical stress of bending and stooping continually.
- Ability to work with various personalities and get along with all staff members.
- Considerate of volunteers and respectful of their compassion.
- Able to follow direction given by supervisors.
- Employment contingent upon clear results of a thorough background check.

INITIAL HERE THAT YOU UNDERSTAND THESE REQUIREMENTS:

APPLICANT'S STATEMENT

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me. If this application leads to employment, I understand falsifications or misrepresentations may be grounds for termination at a later date.

SIGNATURE

DATE

HUMANE SOCIETY OF WESTERN MONTANA USE					
DATE REC'D:		REVIEWED BY:		STATUS:	