

APPLICATION FOR EMPLOYMENT

The Humane Society of Boulder Valley requires drug testing on all employment candidates.

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

Answer each question fully and a answered all questions. Use blan PRINT, except for signature on be aware that none of the questiupon non-job-related information	k paper if you do not ha ack of application. In r ons are intended to im	ave enough room on th eading and answering t	is application. PLEASE the following questions,	
Position(s) Applying For:		Today's Date:		
Are you seeking: Full-Time □ Part-Time □		Temporary □ employment?		
On what date would you be availa	able to begin working?			
GENERAL INFORMATION				
Last Name	First Name	Middle	Name	
Current Street Address	City	State	Zip Code	
Telephone Number(s)				
Email Address				
Have you ever filed an application	with us before?	Yes □ No □	If yes, when?	
Have you ever been employed with	n us before?	Yes □ No □	If yes, when?	
Are you 18 years of age or older? (If you are hired, you may be required to submi		Yes □ No □		
Have you ever been convicted of a (Include any plea of "guilty" or "no contest." Ex				
If yes, give details:	ualify an applicant for employr	nent.)		

^{*}If hired, you will be required to furnish proof of your eligibility to work in the U.S.*

ED	м	Λ	П		A	П
	Αv	А		IV	М	N

	List Name and Address of School(s)	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED			
College or University			
Subjects Studied			
Vocational or Technical Subjects Studied			

SPECIAL SKILLS

Indicate any additional languages you can speak, read and/or write.					
	FLUENT	GOOD	FAIR		
SPEAK					
READ					
WRITE					

Describe any specialized training, apprenticeship, skills or extra-curricular activities that are related to the job for which you are applying. State any additional information you feel may be helpful to us in considering your application. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.)

WORK HISTORY

List names of employers in consecutive order with current 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.

Name, Address and	Employed From	Employed To	Reason for leaving	
Telephone of Employer	(month/year)	(month/year)		
	Duties			
			Supervisor(s)	
Title				
Name, Address and	Employed From	Employed To	Reason for leaving	
Telephone of Employer	(month/year)	(month/year)		
	Duties			
			Companying and a	
			Supervisor(s)	
Title				
Name, Address and	Employed From	Employed To	Reason for leaving	
Telephone of Employer	(month/year)	(month/year)		
	Duties			
			Supervisor(s)	
			Supervisor(s)	
Title				
Name, Address and	Employed From	Employed To	Reason for leaving	
Telephone of Employer	(month/year)	(month/year)		
	Duties			
			Supervisor(s)	
			54pc1 v1301 (3)	
Title				



REFERENCES				
Have you worked or attended school	Yes □ No □			
If yes, give names:				
Are you currently employed?		Yes □ No □		
If yes, whom do you suggest	: we contact?			
Have you ever been fired from a job	o or asked to resign?	Yes □ No □		
If yes, please explain:				
List three professional references:				
Name	Address	Phone		
1.				
2.				
3.				
AFFIDAVIT, CONSENT, AN	D RELEASE			
	read each statement carefully before	sianina.		
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 or all 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 if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the 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 THAT THIS APPLICAT EMPLOYMENT DOES NOT CREATE AN EMPLOYMENT FOR ANY DEFINITE PER AUTHORITY TO ENTER INTO AN AGRE AGREEMENT MUST BE IN WRITING, SIGNIFICATION OF THE STAND THAT I HAVE BEEN HIR TERMINATED AT ANY TIME, WITH OR	EXPRESS OR IMPLIED CONTRACT OF RIOD OF TIME. ONLY THE PRESIDENT OF EMPLOYMENT FOR ANY SEGNED BY THE PRESIDENT AND THE EMPLOYER A	EMPLOYMENT NOR GUARANTEE OF THE ORGANIZATION HAS THE ECIFIED PERIOD AND SUCH IPLOYEE. IF EMPLOYED, I ND MY EMPLOYMENT MAY BE		
I have read, understand, and by my signature consent to these statements.				
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Signature:		Date:		

