EMPLOYMENT APPLICATION

Date: _____

Position a	pplying for:									
Last name:		_ First name:		Middle:						
Street:			City:		Zip:					
Home pho	Home phone:			ohone:	Cell phone:					
If neither,	where can you be reache	ed?								
When will	l you be available to start	work	?		Salary desired?					
Are you a	vailable to work on week	ends	and holid	days?	YES	NO				
Please list	the hours that you are av	ailab	le for eac	ch day:						
MON:	TUES: WED: THURS: FRI: SAT: SUN				SUN:					
EDUCAT	TION AND TRAINING									
High Scho	ool:			City:		State:				
Circle high	hest grade completed: 1	2	3 4	5	6 7 8	9 10	11 12 G	ED		
Education	Name and Location		Attended		Circle # of	Credit	Degree,	Major Subject		
beyond High School		1	From	То	years completed	hours	diploma, or certificate			
G										
College or					1 2 3 4					
University										
Graduate or					1 2 3 4					
Professional										
Other					1 2 3 4					
Are you e	nrolled in school now?		Yes	No	If yes, where?					
	. 1.0									
	study?									
Fields of work for which you are licensed, registered, or certified. Give date(s) and source(s) of issuance.										
										
CENEDA	AL INFORMATION									
	urrently authorized to wo	rk in	the Unit	ed State	s on a full-time b	nacic?	Ves No			
•	•						<u> </u>			
Military status: Are you a veteran? Yes No Dates of service: Branch: Are you related by blood, marriage, or domestic partner to anyone now employed by GCHS?										
Yes	No	J		ugo,	11 domestic pui	to un	, and not emple	., 22 0, 00110.		
105	- · · · L									

If yes, give name, relationship, and position:								
EMPL	OYMENT RECORD							
List your present or most recent employer FIRST experience.	Γ. Include U.S. Armed Forces e	xperience, an	nd volunteer	or unpaid				
Title of present or last position :	Wage:	per HOUR	WEEK	MONTH				
Employer:	_ Supervisor's name and title:							
Address:	Phone:							
Duties:								
Reason for leaving:	Start date:	End c	late:					
Title of present or last position :	Wage:	per HOUR	WEEK	MONTH				
Employer:	_ Supervisor's name and title:							
Address:	Phor	ne:						
Duties:								
Reason for leaving:	Start date:	End	End date:					
Title of present or last position :	Wage:	per HOUR	NEEK	MONTH				
Employer:	_ Supervisor's name and title:							
Address:	Phor	ne:						
Duties:								
Reason for leaving:	Start date:	End o	late:					
If you are currently employed, may we contact y	our employer regarding your ex	xperience and	l qualificati	ons?				
SKILLS								
Please list any skills and abilities you wish to be operate, special computer knowledge, laboratory		equipment or	r machines	you				
REFERENCES NAME PHONI 1	E OCCUPATION	1	YEARS	KNOWN				

2. _____

3. _____

4. _____

PRE-EMPLOYMENT DRUG SCREENING

I give my permission to be tested for pre-employment drug screening. I understand that the results of this test will

determine my eligibility for employment with The Gulf Coast Humane Society. APPLICANT SIGNATURE: _____ DATE: _____ I hereby certify that all statements on the application are true and complete to the best of my knowledge and belief. I understand that if I am employed by The Gulf Coast Humane Society, and any false or incomplete information is discovered, I may be terminated. I authorize persons, schools, current employer(s) and any other individuals, organizations, or employers to provide GCHS with any relevant information needed to consider my candidacy. I release all such individuals, organizations, and employers from any liability on account of having furnished such information. I further release GCHS with regard to inquiries related to my candidacy for employment. APPLICANT SIGNATURE: DATE: DO NOT WRITE BELOW THIS LINE - GCHS OFFICE USE ONLY Interviewed by: ______ Date: ______ **REMARKS:** Character: Personality: Ability: HIRED? Yes No POSITION: SALARY/ WAGES: START DATE: