## **APPLICATION FOR EMPLOYMENT**

## Oconto Area Humane Society and Animal Shelter, Inc.

An Equal Opportunity Employer. Reasonable accommodation will be provided as required by law.

| Last Name Fire            |               |   | irst Name            |  | Middle Initial                            |           | Social Security Number: |  |                  |     |
|---------------------------|---------------|---|----------------------|--|---|-----------|-------------------------|--|------------------|-----|
| Street Address City       |               |   | y/State              |  | Zip Code                                  |           | Phone Number:           |  |                  |     |
|                           | n you provi   |   | e of legal           |  |   |           |                         |  |                  |     |
|                           |               |   | age/Salary Desired:  |  | Full Time? Part Time?                     |           |                         |  |                  |     |
|                           |               |   |                      |  |   |           |                         |  |                  |     |
| Date you can begin Are yo |               |   | u 18 years of age or |  | If under 18 years of age, you will be req |           |                         |  | ou will be requi | red |
|                           |               | older?  |                      |  |   | to submit | a birth ce              | ertificate or work<br>red by state or federal law. |                  |     |
|                           |               |   |                      |  |   |           |                         |  |                  |     |
| Name of hi                | gh school a   | City & State  | City & State         |  | Graduate?                                 |           | )?                      |  |                  |     |
| or mgn sensor attended.   |               |   |                      |  |   |           |                         |  |                  |     |
| Name of coschool:         | ollege or tec | City & State  | City & State         |  | raduate?                                  | Degi      | ree?                    | Major:   |                  |     |
|                           |               |   |                      |  |   |           |                         |  |                  |     |
| Are you proschool?        | esently enro  | If yes, give name & address of school and expected degree date: |                      |  |   |           |                         |  |                  |     |
|                           |               |   |                      |  |   |           |                         |  |                  |     |
|                           |               |   |                      |  |   |           |                         |  |                  |     |
|                           |               |   | - Your Availa        |  |   | Work -    |                         |  |                  |     |
|                           | Monday        | Tuesday   | Wednesda<br>y        | Thur<br>y                              | sda                                       | Friday    | Saturday                |  | Sunday           |     |
| From:                     |               |   |                      |  |   |           |                         |  |                  |     |
| To:                       |               |   |                      |  |   |           |                         |  |                  |     |
| Total hours available to  | Do you hav    | Do you have any special requests or needs for a work schedule?  |                      |  |   |           |                         |  |                  |     |
|                           |               |   |                      |  |   |           |                         |  |                  |     |
| - Pro                     | ovide Three   | Referenc  | es Who Are No        | t Forn                                 | ner E                                     | Employers | s Who W                 | Ve May   | Contact -        |     |
| Name and Occupation H     |               |   | How do you kno       | ow do you know them, and for how long? |   |           | long?                   | Phone Number                                       |                  |     |
|                           |               |   |                      |  |   |           |                         |  |                  |     |
|                           |               |   |                      |  |   |           |                         |  |                  |     |
|                           |               |   |                      |  |   |           |                         |  |                  |     |
|                           |               |   | Your Emplo           | 0.V.M.O                                | nt L                                      | lictory   |                         |  |                  |     |
|                           |               |   | roar ruibid          | oyme                                   | 111 L                                     | 115tul y  |                         |  |                  |     |

List names of employers with present or last employer listed first.

| May we contact current employers before you are offered a position? |            |  |  |  |  |  |
|---|------------|--|--|--|--|--|
| Name of Employer:   | Job Title: |  |  |  |  |  |
|   | Duties:    |  |  |  |  |  |

| Address:  | Dates of Employment:      |                                     |  |  |  |  |  |  |
|---|---------------------------|-------------------------------------|--|--|--|--|--|--|
|   | From:                     | То:                                 |  |  |  |  |  |  |
| City, State, Zip Code   | Hourly pay or salary:     |                                     |  |  |  |  |  |  |
|   | Starting pay:             | Ending pay:                         |  |  |  |  |  |  |
| Supervisor:   | Reason for Leaving:       |                                     |  |  |  |  |  |  |
|   |                           |                                     |  |  |  |  |  |  |
| Telephone:  |                           |                                     |  |  |  |  |  |  |
| N 07 1  | 7 1 m 1                   |                                     |  |  |  |  |  |  |
| Name of Employer:   | Job Title:                |                                     |  |  |  |  |  |  |
| A 11  | Duties:                   |                                     |  |  |  |  |  |  |
| Address:  | Dates of Employment:      |                                     |  |  |  |  |  |  |
| G': G: 7' G 1   | From:                     | To:                                 |  |  |  |  |  |  |
| City, State, Zip Code   | Hourly pay or salary:     | F. 4                                |  |  |  |  |  |  |
|   | Starting pay:             | Ending pay:                         |  |  |  |  |  |  |
| Supervisor:   | Reason for Leaving:       |                                     |  |  |  |  |  |  |
| Televiteren   |                           |                                     |  |  |  |  |  |  |
| Telephone:  |                           |                                     |  |  |  |  |  |  |
|   |                           |                                     |  |  |  |  |  |  |
|   |                           |                                     |  |  |  |  |  |  |
|   |                           |                                     |  |  |  |  |  |  |
|   |                           |                                     |  |  |  |  |  |  |
|   |                           |                                     |  |  |  |  |  |  |
|   |                           |                                     |  |  |  |  |  |  |
| CAREFULLY READ EACH STATEM  | IENT BEFORE SIGNIN        | NG AT THE ROTTOM                    |  |  |  |  |  |  |
| CHIEF CEET READ EACH STATEM   | ENT DET ONE STORM         | WOM THE BOTTOM                      |  |  |  |  |  |  |
| I certify that all of the information provided in this en   | mployment application is  | true and complete to the best of my |  |  |  |  |  |  |
| knowledge, and I authorize investigation of all statements contained in this application, including a criminal  |                           |                                     |  |  |  |  |  |  |
| background, credit history check, and drug test, as applicable. I understand that any false or incomplete   |                           |                                     |  |  |  |  |  |  |
| information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.   |                           |                                     |  |  |  |  |  |  |
| discharge if discovered at a later date.  |                           |                                     |  |  |  |  |  |  |
| I authorize the investigation of any or all statements contained in this application and also authorize any person,   |                           |                                     |  |  |  |  |  |  |
| school, current employer, past employers, and other organizations to provide information concerning my  |                           |                                     |  |  |  |  |  |  |
| previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. |                           |                                     |  |  |  |  |  |  |
| such persons and organizations from any legal habin   | ty in making such stateme | ents.                               |  |  |  |  |  |  |
| I have read, understand, and agree to the above statements.   |                           |                                     |  |  |  |  |  |  |
| , , ,   |                           |                                     |  |  |  |  |  |  |
|   |                           |                                     |  |  |  |  |  |  |
|   |                           | <b>5</b>                            |  |  |  |  |  |  |
| Signature:  |                           | Date:                               |  |  |  |  |  |  |

Signature: