

HUMANE SOCIETY OF GREENWOOD

235 Wilbanks Circle / P.O. Box 49776 Greenwood, SC 29649 (864) 942-8558

AT-WILL EMPLOYMENT APPLICATION

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon a successful completion of a medical examination, which may include providing body substance samples. This application will remain active for six months.

Applicant Data:						
Position Applied for: Date:						
Full Name:						
Address:						
City:	State:Zip:					
Phone:Ce	ell/Other:					
Email Address:						
Date Available: Social Security #:_	Salary Requirement:					
If you are under 18 and we require a work perm	nit? Yes No					
Have you ever worked for this company? Yes	No If yes, when?					
Are you a citizen of the United States? Yes	No					
If not, are you legally allowed to work in the Uni	ited States? Yes No					
Type of employment desired: Full-time	Part-time Temporary Seasonal					
Have you ever pled "guilty," "no contest," or be	en convicted of a crime? Yes No					
If yes, please give the dates and details:						
• •	nstitute an automatic rejection for employment. Date lation, rehabilitation, and position applied for will be					
Driver's license number:	State:					
Who referred you to us?						
Have you ever volunteered for our organization	? Yes No					
Education:						
High School:	# of years attended:					
	jor:GPA					
College/University:	# of years attended:					
Did you graduate: Yes No Ma	jor: GPA					

Other:					_# of years attended:
Did you graduate: Yes	No	Major:			GPA
References:					
Please furnish names, add who you have not worked		lephone nur	nbers of	two people	e who you are not related to and
Name:		A	.ddress:_		
City:	Phc	one #:			
Name:	Address:				
City:	Phc	one #:			
Summarize your skills or q	ualifications f	for this posit	ion:		
Previous Employment (be	gin with mos	t recent nosi	ition):		
	_	•	-	Position	
					Title:
Responsibilities:					
					Title:
Reason for Leaving:					
May we contact this emplo					
					Title:
Responsibilities:					
Starting Salary & Title:				ng Salary &	Title:
Reason for Leaving:					
May we contact this emplo	oyer for a ref	erence: Yes	·	No	_
Dates of Employment: Fro	m	to		Position:	
Firm:		Ad	dress: _		
Phone:	Supervis	or:			Title:
Responsibilities:					
Starting Salary & Title:			Endir	ng Salary &	Title:
Reason for Leaving:					
May we contact this emplo	oyer for a ref	erence: Yes	·	No	_
Please respond to the follo	wing questic	ons and com	ments as	thoroughly	y as possible:
1 Unfortunately due to th	ne net overna	nulation pro	hlem th	na saddast a	responsibility

1. Unfortunately, due to the pet overpopulation problem, the saddest responsibility with which the Humane Society of Greenwood is faced is the tragedy of having to euthanize (put to sleep) unwanted animals. You must be aware of this, and some job

classifications are trained to participate. Explain your feelings and attitudes on this subject:				
2. You will be working directly with the public on masubjects as a representative of the Humane Society previous experience with the public? Explain.				
3. Continuous cleaning and disinfecting of the kenne necessary daily to ensure the health of the animals of the shelter. Are you willing to accept this as part of the shelter.	and to keep up the appearance			
4. Part of our responsibility is educating the public or and animal welfare. Please state your feelings on the	· · · · · · · · · · · · · · · · · · ·			
5. We are a not-for-profit corporation and operate of our staff report to work on time with minimal absent you from doing this? If so, please explain.				
	ationary. During this time, the adoption of an animal ohibited unless authorized by the Executive Director.)			
1) I authorize the investigation of all statements contained persons or employers supplying such information, and I are result from making the investigation. 2) I certify that the facts and information set forth in this knowledge. I understand that any falsification, misrepress on any required documents) will be cause for denial of erregardless of when or how discovered. 3) I agree, if I am offered and accept a position, to conforregulations and I understand that the Company reserves as deemed necessary. I ALSO UNDERSTAND THAT, IF HIR EITHER PARTY CAN END THE EMPLOYMENT RELATIONSH 4) I understand that any employment offer is contingent employment, valid proof of identity and eligibility to world Control Act of 1986. 5) I have read and reviewed the information provided in application for employment I certify that I understand all and fully.	In this application and release from all liability any also release the company from all liability which might application are true and complete to the best of my sentation or omission of facts on this application (or imployment or immediate termination of employment, imply to change wages, hours and working conditions ED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT IP AT ANY TIME AND FOR ANY OR NO REASON. Upon my providing with three (3) working days of it in order to comply with the Immigration Reform and this application and the above statements. By signing this parts of it and have answered all questions completely			
Signature of Applicant:	Date:			

Please either mail to HSOG, P.O. Box 49776, Greenwood, SC, 29649 or, fax to 864.942.8680 or email to humane@gwdhumanesociety.org