

HUMANE SOCIETY OF GREENWOOD

235 Wilbanks Circle / P.O. Box 49776 Greenwood, SC 29649 (864) 942-8775

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:_	
Phone:Cell/Other:	
Email Address:	
Date Available: Social Security #:	Salary Requirement:
If you are under 18 and we require a work permit? 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 United States? Yes_	No
Type of employment desired: Full-time Part-time	Temporary Seasonal
Have you ever pled "guilty," "no contest," or been convicted of a	crime? Yes No
If yes, please give the dates and details:	
Answering "yes" to these questions does not constitute an autom	
of the offense, seriousness and nature of the violation, rehabilitat considered.	ion, and position applied for will be
Driver's license number:	State:
Who referred you to us?	
Have you ever volunteered for our organization? Yes N	
Education:	
High School:	# of years attended:
Did you graduate: Yes No Major:	
College/University:	
Did you graduate: Yes No Major:	
Othory	# of years attended.

Did you graduate: Yes	No Ma	ajor:	GPA
References:			
Please furnish names, addre and who you have not worke		e numbers of	two people who you are not related to
Name:		Address:_	
City:	Phone #:		
Name:		Address:_	
City:	Phone #:		
Summarize your skills or qua	llifications for this	position:	
Previous Employment (begin	n with most recent	position):	
Dates of Employment: From	to		Position:
Firm:		_ Address: _	
Phone:	Supervisor:		Title:
Responsibilities:			
Starting Salary & Title:		Endi	ng Salary & Title:
Reason for Leaving:			
May we contact this employ			
Dates of Employment: From	to		Position:
Firm:		_ Address: _	
Phone:	Supervisor:		Title:
Responsibilities:			
Starting Salary & Title:		Endi	ng Salary & Title:
Reason for Leaving:			
May we contact this employ	er for a reference:	Yes	No
Dates of Employment: From	to		Position:
Phone:	Supervisor:		Title:
Starting Salary & Title:		Endi	ng Salary & Title:
Reason for Leaving:			
May we contact this employ			·
Please respond to the follow	ing questions and	comments a	s thoroughly as possible:
Humane Society of Greenwo	ood is faced is the t of this, and some	ragedy of ha	he saddest responsibility with which the ving to euthanize (put to sleep) unwanted tions are trained to participate. Explain

<u> </u>	on many emotional and controversial subjects as a nwood. Have you had previous experience with the
	kennels, cattery, shelter and office is necessary daily up the appearance of the shelter. Are you willing to
4. Part of our responsibility is educating the puwelfare. Please state your feelings on the subj	ublic on problems of pet overpopulation and animal ect.
	erate on a limited budget. We insist our staff report to all anything prevent you from doing this? If so, please
	probationary. During this time, the adoption of an
animal by you from the Humane Society of Gre Director.)	eenwood is prohibited unless authorized by the Executive
persons or employers supplying such information, and result from making the investigation. 2) I certify that the facts and information set forth in the facts and information set forth in the facts.	ained in this application and release from all liability any d I also release the company from all liability which might this application are true and complete to the best of my
	presentation or omission of facts on this application (or on mployment or immediate termination of employment, nform to all existing and future Company rules and
regulations and I understand that the Company reser	ves the right to change wages, hours and working conditions HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT
Control Act of 1986.	work in order to comply with the Immigration Reform and
5) I have read and reviewed the information provided this application for employment I certify that I unders completely and fully.	I in this application and the above statements. By signing stand all parts of it and have answered all questions
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