

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: | | | | |
| | State: Zip: | | | |
| 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 Unite | d States? Yes No | | | |
| Type of employment desired: Full-time | Part-time Temporary Seasonal | | | |
| Have you ever pled "guilty," "no contest," or beer | convicted of a crime? Yes No | | | |
| If yes, please give the dates and details: | | | | |
| | | | | |
| | | | | |
| | | | | |
| • , | titute an automatic rejection for employment. Date tion, 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: | | | |
| | r:GPA | | | |
| College/University: | # of years attended: | | | |
| Did you graduate: Yes No Majo | r:GPA | | | |

| Other: | | # of years attended: | | |
|--|-----------------------|----------------------|------------------|---------------------------|
| Did you graduate: Yes | | | | GPA |
| References: | | | | |
| Please furnish names, addres who you have not worked for | | numbers of | two people who y | ou are not related to and |
| Name: | | Address:_ | | |
| City: | Phone #: | | | _ |
| Name: | | Address:_ | | |
| City: | Phone #: | | | |
| Summarize your skills or qual | ifications for this p | oosition: | | |
| Previous Employment (begin | with most recent | nosition): | | |
| Dates of Employment: From _ | | • | Position: | |
| Firm: | | | | |
| Phone: | | | | |
| Responsibilities: | | | | |
| Starting Salary & Title: | | | | |
| Reason for Leaving: | | | | |
| May we contact this employe | | | | |
| Dates of Employment: From _ | | | | |
| Firm: | | | | |
| Phone: | | | | |
| Responsibilities: | | | | |
| Starting Salary & Title: | | | | |
| Reason for Leaving: | | | | |
| May we contact this employe | | | | |
| Dates of Employment: From _ | to_ | | _ Position: | |
| Firm: | | _ Address: | | |
| Phone: | _ Supervisor: | | Title: | |
| Responsibilities: | | | | |
| Starting Salary & Title: | | | | |
| Reason for Leaving: | | | | |
| May we contact this employe | r for a reference: | Yes | No | |
| | | | | |

Please respond to the following questions and comments as thoroughly as possible:

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:

| | public on many emotional and controversial subjects as a of Greenwood. Have you had previous experience with the |
|--|---|
| | of the kennels, cattery, shelter and office is necessary daily to keep up the appearance of the shelter. Are you willing to accept |
| 4. Part of our responsibility is educating welfare. Please state your feelings on th | g the public on problems of pet overpopulation and animal ne subject. |
| | and operate on a limited budget. We insist our staff report to m. Would anything prevent you from doing this? If so, please |
| | ent are probationary. During this time, the adoption of an v of Greenwood is prohibited unless authorized by the Executive |
| 1) I authorize the investigation of all statemer persons or employers supplying such informaresult from making the investigation. 2) I certify that the facts and information set f knowledge. I understand that any falsification | nts contained in this application and release from all liability any ition, and I also release the company from all liability which might forth in this application are true and complete to the best of my n, misrepresentation or omission of facts on this application (or on nial of employment or immediate termination of employment, |
| regulations and I understand that the Compar as deemed necessary. I ALSO UNDERSTAND T EITHER PARTY CAN END THE EMPLOYMENT R 4) I understand that any employment offer is | on, to conform to all existing and future Company rules and ny reserves the right to change wages, hours and working conditions THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT ELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON. contingent upon my providing with three (3) working days of contingent in order to comply with the Immigration Reform and |
| Control Act of 1986. 5) I have read and reviewed the information p | provided in this application and the above statements. By signing I understand 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