

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

Name _____ Date _____
 last first middle Social security number _____

Present street address _____
 street city state zip

Permanent address _____
 street city state zip

Phone no. _____ Are you 18 years of age or older? Yes [] No []
 Are you prevented from lawfully becoming employed
 in this country because of VISA or immigration status? Yes [] No []

EMPLOYMENT DESIRED

Position _____ Date you can start? _____ Salary desired? _____

Are you currently employed? Yes [] No [] If so, may we inquire of your present employer? Yes [] No []

Have you ever applied to this organization before? No [] Yes [] If so, where and when?

Were you referred to this organization? No [] Yes [] If so, by whom?

EDUCATION

	NAME & LOCATION OF SCHOOL	NO. AND YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED?
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
OTHER				

GENERAL

Subject or special study or research work? _____

Special skills: _____

Activities (civic, athletic, etc.): _____
Exclude organizations the name which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

Ever been convicted of a felony? _____ If yes, please explain: _____

If yes, are you still on parole?: _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, BEGINNING WITH MOST RECENT)

DATE (month & year)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				

Which of these jobs did you enjoy the most? _____

What did you like about this job? _____

REFERENCES (LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	ADDRESS/PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

WORK REFERENCES (LIST THE NAMES OF THREE BUSINESS/WORK REFERENCES WHOM YOU HAVE PREVIOUSLY WORKED WITH)

NAME	ADDRESS/PHONE NUMBER	BUSINESS	YEARS AQUAINTED

In case of emergency notify: _____
name
address
phone number

"I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed my employment may be terminated at any time. In consideration of my employment I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's President, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Signature

Date

New Hampshire Humane Society
 1305 Meredith Center Road
 Laconia, NH 03246
 Shelter line (603)524-3252 Administrative office (603)524-8236

- Are you a pet owner? NO YES, please list:

Species	Breed	Name	Rabies Vaccinated?	Sex	Altered?	Age

- Who is your veterinarian? _____

- What attracts you to our facility? _____

- Are you acquainted with an NHHS employee or volunteer? NO YES, whom?

- Have you ever worked in an animal field before? NO YES, where?

TIME AVAILABILITY

Please indicate days and times that you are generally available to work. All animal care takes place seven days a week between the hours of 8:00am and 5:00pm.

MONDAY _____ TUESDAY _____ WEDNESDAY _____
THURSDAY _____ FRIDAY _____ SATURDAY _____ SUNDAY _____

EXPERIENCE

Please check any experience you have had with the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Formal training/education in animal care | <input type="checkbox"/> Sales | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Dog obedience training | <input type="checkbox"/> Computers | <input type="checkbox"/> Animal Grooming |
| <input type="checkbox"/> Teaching/Education | <input type="checkbox"/> Photography | <input type="checkbox"/> Research |
| <input type="checkbox"/> Fundraising/Events | <input type="checkbox"/> Graphic design | <input type="checkbox"/> Other |

Please explain your experience with anything you checked above: _____

PLEASE READ AND SIGN BELOW

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered my application may be rejected; if I am employed, my employment may be terminated at this time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated according to New Hampshire State laws.

I give my permission to the New Hampshire Humane Society to verify any and all of the information given by me. YES NO

Applicant's Signature

Date

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