

SECOND CHANCE HUMANE SOCIETY EMPLOYMENT APPLICATION

Please print or type your answers to all questions completely and accurately. This organization does not discriminate in hiring or employment because of race, color, religious creed, national origin, sex, or age. No question is intended to secure information to be used for such discrimination.

IDENTIFICATION	Name (Last) (First) (Middle)			Date	
	Physical Address (Number & Street) (City) (State) (Zip)			Phone(s)	
	Mailing Address			Email Address	
	Position desired	Department	Available for 1) full-time 2) part-time 3) temporary/seasonal	Date Available	Salary Expected
	Are you available for work on weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No What days and hours are you available for work?				
	Can you, after employment, provide verification of the right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under age 18, can you provide statement of approval to work from your school and guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have you previously applied, interviewed, volunteered, or worked at SCHS? Please specify and give dates. <input type="checkbox"/> Yes <input type="checkbox"/> No		How did you hear about the Second Chance Humane Society?		

PERSONAL	Do you have any friends or relatives employed at the Second Chance Humane Society? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list their name and department:			
	Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. <small>(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date, circumstances and relevance to the position applied for may, however, be considered.)</small>			
	Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform the essential job functions.)</small>			
	If hired, would you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION	Schools	Names and Locations of Institutions	Major/Minor, Type of Training	Did you graduate?	Type of degree, license, or certificate
	High School				
	College				
	Graduate School				
	Vocational / Technical				
Courses, workshops, seminars, and other specialized or advanced training:					

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," in what branch?	Are you currently in the Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EMPLOYMENT

Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employer first. If you need additional space, please continue on a separate sheet of paper.

1	Company/Employer	Telephone ()
	Address	Employed (state month and year) From To
	Name of Supervisor	Pay Start Last
	Job Title and Responsibilities	Reason for leaving
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time _____ Average hours/week	

2	Company/Employer	Telephone ()
	Address	Employed (state month and year) From To
	Name of Supervisor	Pay Start Last
	Job Title and Responsibilities	Reason for leaving
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time _____ Average hours/week	

3	Company/Employer	Telephone ()
	Address	Employed (state month and year) From To
	Name of Supervisor	Pay Start Last
	Job Title and Responsibilities	Reason for leaving
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time _____ Average hours/week	

4	Company/Employer	Telephone ()
	Address	Employed (state month and year) From To
	Name of Supervisor	Pay Start Last
	Job Title and Responsibilities	Reason for leaving
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time _____ Average hours/week	

REFERENCES

List below people who know you well, other than relatives, whom we may contact in the local area.

Name	Relationship	Local Phone #
1. _____	_____	_____
2. _____	_____	_____

SKILLS

Check if you have had experience in the following areas:

ANIMALS

- | | | | |
|---------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Large Animal | <input type="checkbox"/> Showing | <input type="checkbox"/> RVT/AHT | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Small Animal | <input type="checkbox"/> Grooming | <input type="checkbox"/> Vet. Assistant | <input type="checkbox"/> Lab |
| <input type="checkbox"/> Husbandry | <input type="checkbox"/> Handling | <input type="checkbox"/> Medical Training | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Training | <input type="checkbox"/> Surgery Assistant | | |

CLERICAL

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Cash Receipts / Disbursements | <input type="checkbox"/> 10 Key Computer literate on: | <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Mac <input type="checkbox"/> Windows | <input type="checkbox"/> Accounting Software | <input type="checkbox"/> Typing WPM _____ |
| | | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Graphics |

MANAGEMENT

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Supervisor/Manager | <input type="checkbox"/> Employee Scheduling | <input type="checkbox"/> Teambuilding | <input type="checkbox"/> Hired/Dismissed Personnel |
| <input type="checkbox"/> Employee Training | <input type="checkbox"/> Employee Evaluations | No. of People Supervised | |

Use this space to describe the experiences you have checked above or any other job-related skills and qualifications you have acquired. _____

AGREEMENT AND SIGNATURE

Please read carefully, initial each paragraph, and sign below.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. _____ (initial)

I hereby authorize the Second Chance Humane Society to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Second Chance Humane Society any and all letters, reports and, other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Second Chance Humane Society, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. _____ (initial)

Further, I understand and agree that unless I am covered by a collective bargaining agreement my employment is "at will" and for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time with or without notice at the option of either the Second Chance Humane Society or myself. _____ (initial)

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative. _____ (initial)

I also authorize the Second Chance Humane Society to deduct from my wages any amounts which may be due it as a result of overpayment of wages, loss or destruction of its property or any amounts which I may lawfully owe the Second Chance Humane Society, or for which I have received full consideration. _____ (initial)

In the event I become an employee of the Second Chance Humane Society, I agree to comply with all rules and regulations and understand that the rules and regulations may be changed, interpreted, withdrawn or added to by the Second Chance Humane Society at any time at its sole option and without any prior notice and that I may be terminated or disciplined for any violations. _____ (initial)

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgement) be conducted by internal personnel employed by the company, I am entitled to copies of any such public records obtained by the company, unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. _____ (initial)

I waive receipt of a copy of any public record described in the paragraph above.

Date _____ Signature _____

Second Chance Humane Society

P.O. Box 2096 ~ Ridgway, Colorado 81432 ~ 970.626.2273 (phone) ~ 888.751.0520 (fax)