



2115 Shelby Drive
Sedona, AZ 86336

Email: info@HumaneSocietyOfSedona.com

Position Applied For: _____

Date: _____

Humane Society of Sedona, Inc.

Application for Employment

Telephone (928) 282-4679

Fax (928) 282-1630

Humane Society of Sedona, Inc. is an equal opportunity employer and does not discriminate against any employee or applicant for employment because of race, color, religion, national origin, age, disability, or any other reason prohibited under Federal, State, or local laws. We base all hiring decisions on merit alone. Additionally, the Humane Society of Sedona, Inc. is a drug free and non-smoking workplace.

Please type or print. This application must be legible, fully completed, signed and dated for consideration.

Name: _____
Last First Middle

Other Names Used: _____

Address: _____
City State Zip

Home Telephone # _____ Cell Phone # _____

Email Address _____ Best Time to Call _____

May we contact you at work? Yes No N/A

If yes: Work Telephone # _____ Best Time to Call _____

Have you ever been employed by Paw Prints or the Humane Society of Sedona, Inc.? Yes No

If yes, give dates: _____ to _____ as a _____

Do you have relatives working for Paw Prints or the Humane Society of Sedona, Inc.? Yes No

If yes, please list employee's name, relationship and department: _____

Are you legally eligible for employment in the United States? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Type of employment desired: Full-time Part-time Temporary Seasonal

Date available for work: _____

Do you have a valid driver's license? Yes No

License # _____ Class _____ State _____ Expiration Date _____

Have you ever had your driver's license suspended or revoked? Yes No
If yes, please explain. Include dates, places, and nature of offenses.

Phone: _____
(Home) (Last)
(Message) (First)
(Middle)

Are you presently under indictment for, or have you ever been convicted, received deferred adjudication, or entered a guilty plea or nolo contendere for any offense which would be considered or equate to a felony or misdemeanor offense? Yes No

Note: a "yes" answer will not automatically disqualify you from employment with Paw Prints, Humane Society of Sedona; Inc., each case will be evaluated in relation to the position. Omission, misstatements or falsification of facts will be sufficient cause for cancellation of this application and/or separation from employment.
 If yes, please explain. Include dates, places, and nature of offenses.

Have you ever been dismissed from any job? Yes No
 If yes, please explain.

Education and Training

Check highest grade completed: High School: 9 10 11 12 GED College: 1 2 3 4
 Graduate Work: Yes No

College/University/Trade School	City/State	# Units	Degree Diploma	Major

US Military Service	Branch	Dates of Service	Type of Discharge
<input type="checkbox"/> Yes <input type="checkbox"/> No			

If you are fluent in any languages other than English, please list. _____

Professional License/Certification/Registration	Date Acquired	Status: Current/Void/Expired

List any courses or workshops you have attended that relate to the position for which you are applying:

List computer hardware, software and other office equipment you can operate and years of experience:

List any other equipment you can operate (hand tools, machinery, etc.) and years of experience:

List special accomplishments, publications, awards and the names of professional groups of which you are or have been a member:

List any additional comments and/or information you would like us to consider:

Employment History

List your complete employment history starting with your most recent employer. List all positions held, including military experience, part-time summer and/or volunteer work and periods of employment. Explain any gaps in employment in comment section. If you are submitting a resume, you are still required to summarize your job responsibilities in the space provided.

Current Employer	<input type="checkbox"/> Not Currently Employed	Date Job Started		Date Job Ended	
Company:	Supervisor:				
Job Title:	Phone:	\$	<input type="checkbox"/> Hourly	\$	<input type="checkbox"/> Hourly
Address:			<input type="checkbox"/> Annually		<input type="checkbox"/> Annually
Summarize your job responsibilities:					

Reason for leaving: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Previous Employer	Date Job Started		Date Job Ended			
Company:	Supervisor:					
Job Title:	Phone:		\$	<input type="checkbox"/> Hourly	\$	<input type="checkbox"/> Hourly
Address:				<input type="checkbox"/> Annually		<input type="checkbox"/> Annually
Summarize your job responsibilities:						

Reason for leaving: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Previous Employer	Date Job Started		Date Job Ended			
Company:	Supervisor:					
Job Title:	Phone:		\$	<input type="checkbox"/> Hourly	\$	<input type="checkbox"/> Hourly
Address:				<input type="checkbox"/> Annually		<input type="checkbox"/> Annually
Summarize your job responsibilities:						

Reason for leaving: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Previous Employer	Date Job Started		Date Job Ended			
Company:	Supervisor:					
Job Title:	Phone:		\$	<input type="checkbox"/> Hourly	\$	<input type="checkbox"/> Hourly
Address:				<input type="checkbox"/> Annually		<input type="checkbox"/> Annually
Summarize your job responsibilities:						

Reason for leaving: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Employment History (Continued)

Previous Employer	Date Job Started	Date Job Ended
Company: _____ Supervisor: _____		
Job Title: _____ Phone: _____	\$ <input type="checkbox"/> Hourly	\$ <input type="checkbox"/> Hourly
Address: _____	<input type="checkbox"/> Annually	<input type="checkbox"/> Annually
Summarize your job responsibilities: _____ _____ _____		
Reason for leaving: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

References

Professional/Work References:	
List name and telephone number of three professional/work references who are not related to you. Please include one previous supervisor.	
Name, Company, Address	Telephone

I certify that all information on this application form is complete and accurate. I understand that any omissions or misstatements of facts are cause for rejecting my application or, if I am hired, termination of employment. I also authorize the Humane Society of Sedona, Inc. to make all necessary and appropriate investigations to verify the appropriate information provided in this application and to secure additional job-related information about me. I understand that this application is not an employment contract. Any applicant requiring accommodation for a disability should advise the Human Resources Department.	
Signature of Applicant	Date

**THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST
IN WORKING FOR THE HUMANE SOCIETY OF SEDONA, INC.**