



Position Applied For: \_\_\_\_\_

Date: \_\_\_\_\_

# The Humane Society of Sedona, Inc.

2115 Shelby Drive  
Sedona, AZ 86336

## Application for Employment

Telephone (928) 282-4679

Email: info@HumaneSocietyOfSedona.com

Fax (928) 282-1630

The 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, Paw Prints, 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 The Humane Society of Sedona, Inc.?  Yes  No

If yes, give dates: \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_

Do you have relatives working 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.

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

Phone: \_\_\_\_\_  
Name: \_\_\_\_\_

(Home) (Last)

(Message) (First)

(Middle)

Note: a "yes" answer will not automatically disqualify you from employment with The 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.

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

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### 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: <span style="float: right;">May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</span>			

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

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

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

## Employment History (Continued)

Previous Employer	Date Job Started	Date Job Ended
Company: _____ Supervisor: _____		
Job Title: _____ Phone: _____	\$	\$
Address: _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually	<input type="checkbox"/> Hourly <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 <b>professional/work</b> 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.**