



Applications must be completed by the applicant and legible to be considered for employment.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

PLEASE PRINT INFORMATION

Applicant's Name: _____

Last

First

Middle/Maiden

Address: _____

Street/PO Box

City/State

Zip-code

Home Phone Number: _____ Cell Phone Number: _____

Social Security Number: _____ If hired, when can you start? _____

PLEASE CIRCLE:

Do you have a current/valid Florida drivers license? YES NO If yes, DL number _____

Are you 18 years of age or older? YES NO If no, please give age _____

Are you able to work weekends? YES NO

Could you work on your days off if asked to do so? YES NO

Were you ever previously employed by the Humane Society of Vero Beach & Indian River County?

YES NO If yes, what was your position? _____ Start Date: _____ End date: _____

Have you ever been convicted of a violation of the law (other than a minor traffic accident)? YES NO

If yes, please explain: _____

What position are you applying for? _____ Full time Part time

If applying for Animal Care Technician, Animal Care Assistant or Physical Plant Technician, are you able to lift 50lbs? YES NO

Education and Work Experience

	Grade Level	Name of School	City/State	Years Completed	Did you graduate?
Grammar/Elementary					
High School					
College					
Graduate					
Technical/Business					
Other					

Education and Work Experience Continued.

Please list any degrees or special certified training you have completed. _____

Please indicate any other experience (including military, job related skills or training). _____

Describe any experience you have with animals (if any) and tell us why you want to work at the Humane Society of Vero Beach and Indian River County? _____

Can you explain why there is an overpopulation of dogs and cats in our community? _____

References

Please list three, other than relatives, that you have known for more than a year.

Name	Address	Phone Number	Occupation

NOTICE TO APPLICANTS We comply with the Americans with Disabilities Act of 1990. If you are interviewed, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical questionnaire and/or undergo a medical examination. If required, all new employees in the same job category will be subject to the same medical questionnaire and/or undergo a medical examination; and all information will be kept confidential in separate files.

Employment History

Please list your five most recent employers starting with your current or most recent.

If you are currently employed, may we contact your employer? YES NO

Employer's Name and Address	Employer's Phone Number with Area Code	Dates Employed	Reason for Leaving	Work Experience

PLEASE READ AND SIGN/INITIAL THE STATEMENT BELOW

I understand that, if hired; I will be placed on a three month introductory period. I further understand that if I am terminated for unsatisfactory performance within the three month introductory period, the Humane Society may seek to contest any unemployment benefits I might attempt to collect as a result of my termination____ (initials).

I understand and agree that all policies, procedures, and the employee handbook may be modified, amended, or deleted by the Humane Society with or without notice to me of such amendments, modification, or deletion; that the policies and procedures are not intended to be a contract of employment, nor do they give me a right of continued employment; and that my employment may be terminated at my option or at the option of the Society with or without notice to either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment.

There may be no amendments or exceptions to this statement, unless they are in writing and signed by the President____ (initials).

I understand that I may be required to undertake blood and/or urinalysis screen for drugs or alcohol use as part of our pre-employment process. In addition, all employees are subject to blood and/or urinalysis screening in the event of injury at the workplace____ (initials).

I certify that all information given on this employment application, any resume that I submit to the Humane Society; and any related papers and answers given during oral interviews are true and correct. I understand that the Humane Society will make a thorough investigations of my work and personal history. I authorize the transmittal of any such information requested by the Humane Society during the course of such an investigation. I understand that falsification of information given by others during the course of an investigation or any derogatory information discovered as a result of its investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation____ (initials).

Signature of Applicant

Date