

An Equal Opportunity Employer
Application for Employment



**Humane Society of
Western Montana**

SHELTER | ADOPT | EDUCATE | ADVOCATE

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. Please print clearly. All information you give on this application will be held in strict confidence.

Date _____

Last Name First Name Middle Name

Street Address City State Zip

Mailing Address (if different from above)

Daytime Phone Evening Phone Email

Social Security No. Date of Birth (minimum age required)

Position Desired Date you can start Expected Wage

Are you seeking: full-time part-time temporary or summer employment?

Are you eligible to accept employment in the USA? yes no

Have you filed an application with us in the past? yes no

Have you ever been convicted of any law violation (except minor traffic violations)? yes no

If yes, give particulars: _____

Are you now or do you expect to be engaged in any other business, employment or school? yes no

If yes, please explain: _____

AVAILABILITY (Please indicate hours available)

Sundays _____ Mondays _____ Tuesdays _____ Wednesdays _____

Thursdays _____ Fridays _____ Saturdays _____ Holidays _____

Do you have any physical limitations? no yes, explain _____

Do you have allergies to animals or cleaning materials? no yes, explain _____

Can you lift and carry at least 50 lbs? no yes

EDUCATION	Name/Location of School	No. of years completed	Degree
High School			
College			
Other			

Additional training or education: _____

WORK EXPERIENCE (List employer's names, beginning with current or most recent)

Current/Most Recent Employer	Address	Phone
Your Title and Duties		
Name and Title of your Supervisor		Range of Pay
Employment Dates	Reason for Leaving	

Employer	Address	Phone
Your Title and Duties		
Name and Title of your Supervisor		Range of Pay
Employment Dates	Reason for Leaving	

Employer	Address	Phone
Your Title and Duties		
Name and Title of your Supervisor		Range of Pay
Employment Dates	Reason for Leaving	

If presently employed, may we contact your current employer? yes no

REFERENCES (Please list three references, not relatives)

Name

Address

Phone

Relationship

ADDITIONAL INFORMATION

1. Have you ever worked with animals? If so, in what capacity?

2. Do you have any skills you wish to mention?

3. Why would you like to work for the Humane Society of Western Montana (*besides a love for animals*)?

4. Why do you feel you are a good candidate for this position?

5. How have you dealt with an angry customer or co-worker?

6. How do you feel about euthanasia? How do you think it would affect you?

I certify that the answers and statements given by me on the application are true and correct without consequential omissions of any kind. I agree that the Humane Society of Western Montana shall not be liable if my employment is terminated because of falsified answers, statements or missions made by me on this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I understand that any misleading or incorrect information may render this application void, and if employed would be cause for termination.

Signature _____