



Affirmative Action/Equal Opportunity Employer
Application for Employment

FOR PERSONNEL USE ONLY	
<input type="checkbox"/> Meets Minimum Requirements	<input type="checkbox"/> Continue in Process
<input type="checkbox"/> Does Not Meet Requirements	<input type="checkbox"/> Does Not Continue in Process
Reviewed by: _____ Date: _____	
Notes:	

Position Applied For:

Instructions

Completion of an application is part of the examination process for all jobs. A separate and complete application must be filled out for each position for which you are applying. All requested information must be furnished on the application itself. Resumes or attachments may be included but cannot be substituted for an application form. It is important that you answer all questions on your application fully and accurately. Failure to do so may disqualify you from being considered for the position. You must meet all entrance requirements, including possession of certificates or licenses required for eligibility at the time of application. Any exceptions are stated in the job bulletin.

Applications received after the final filing date will not be accepted.

<p>1. Name: (Last First Middle) _____</p> <p>Social Security Number (Optional) _____</p> <p>2. Address: (Number Street Apt. No) _____</p> <p>3. City State Zip _____</p> <p>4. Home Telephone 5. Work Telephone _____</p> <p>6. Cellular Phone (Optional) 7. Email Address (Optional) _____</p> <p>8. Do you have any physical condition or handicap which may limit your ability to perform the job applied for? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" please explain it in item No. 13 and also state what can be done to accommodate your limitation. _____</p> <p>9. Have you ever been convicted for a felony or misdemeanor, including convictions which have been expunged by the court? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" state the nature of each offense, the date of conviction and the disposition in item No. 13. A conviction will not necessarily disqualify an applicant from the position applied for. _____</p>	<p>10. Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>11. Relatives: Are you related by blood or marriage to any employee or official of the Humane Society of Northeast Texas? Yes <input type="checkbox"/> No <input type="checkbox"/> Name/title of relative: _____ Relationship: _____</p> <p>12. Have you ever been employed by the Humane Society of Northeast Texas? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>13. (See #8 & #9) _____</p>
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14. EDUCATION: Check the highest grade completed: 8 9 10 11 12 13 14 15 16 17 18 18+

15. High School Name & Location _____	16. Did you ever graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	17. If not, have you passed a GED test? Yes <input type="checkbox"/> No <input type="checkbox"/> Where? _____
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18. College(s) Attended Name & Location	Number of Years Attended	Credits Sem. or Qtr.	Major	Degree

19. Other courses and training

Name and location of institution

20. Applicable professional license or certificate

21. Specialized Skills:

Typing Speed _____ wpm Manual
_____ wpm Electric

Other Skills:

Office Machines:

22. Do you possess a valid Texas Drivers
licenses? Yes No
License No. _____

23. Type of vehicle licensed to operate
Class A Class B
Class C

24. Number of collisions in last 5 years?
_____ Number of moving violations
Convictions in the last 5 years? _____

25. Military: Have you ever served in the United States Armed Forces?

Yes No

Branch of Service: _____

Rank at Separation: _____ Specialty: _____

26. Were you ever discharged or forced to resign from any position?

Yes No

If "yes" explain: _____

27. Inquiry may be made of your former employers or the last school you attended regarding your performance record. May we get in touch with your present employer?

Yes No

28. EMPLOYMENT HISTORY: List your work for the last **10 years**. Begin with your most recent position. If jobs held prior to 10 years ago relate to the position applied for, list these also. Include self-employed and U.S. Military service. Describe the work you did as completely as possible. List each promotion separately. Explain any gaps between employment periods. If more space is needed, use a separate sheet **prepared in the same form** and attach securely. Include volunteer work if it applied to position for which you are filing.

Mo. Yr. To	Employer (Business or Agency Name)	Title of Your Position	No. of Employees You Supervised
Hours Per Week:	Address City State	Name of Supervisor	Supervisor's Telephone No.
Salary:	Duties:		

Reason for Leaving:

Mo. Yr. To	Employer (Business or Agency Name)	Title of Your Position	No. of Employees You Supervised
Hours Per Week:	Address City State	Name of Supervisor	Supervisor's Telephone No.
Salary:	Duties:		

Reason for Leaving:

Mo. Yr. Mo. Yr. To	Employer (Business or Agency Name)	Title of Your Position	No. of Employees You Supervised
Hours Per Week:	Address City State	Name of Supervisor	Supervisor's Telephone No.

Salary:	Duties:
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Hours Per Week:	Address City State	Name of Supervisor	Supervisor's Telephone No.

Salary:	Duties:
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Reason for Leaving:

References: List three references (other than those shown on your employment history).

Name	Address	City	Sate	Zip	Telephone
1.					
2.					
3.					

29. Please review and sign where indicated.

In making application for employment:

- I certify that the information in the application is true and complete for all practical purposes. It may be verified by the HSNTX or any affiliate. Should a position be offered and later it is found that the information is untrue, incomplete, or misrepresented, I understand and agree that HSNTX or its affiliates are relieved of all its commitments, financial or otherwise pertinent to employment and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation and personal characteristics, which may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I further understand that I may be required to submit to medical and/or physical screening after receiving a conditional offer of employment. Refusal to submit to a medical and/or physical screening may be grounds for disqualification from the recruitment process.
- I understand that HSNTX reserves the right to require its employees to submit a blood test or urinalysis for alcohol or drug screens, or to allow inspection of bags (including purses and briefcases) or parcels taken into or out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment.
- I understand and agree that if I am offered employment by HSNTX, my employment will be for no definite term and that either I or the facility maintain the right to terminate the employment relationship at any time, with or without cause, and with or without notice.
- Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize my appropriate licensing board to release full information concerning my licensure status and my licensure history.

I have read and I understand these conditions of employment.

Date: _____ Signature: _____

