



EMPLOYMENT APPLICATION

The Society for the Improvement of Conditions for Stray Animals - SICSA - provides equal employment opportunity to all qualified persons, and does not discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status.

Please -

- Complete all items on the application, even if the information is included on your resume or other document submitted by you.
- Sign and date your application.
- Specify the exact title of the position in which you are interested.
- Type or print all requested information.
- If necessary, attach additional 8 ½ “ x 11” sheets of paper to this application.

Position Applying For: _____

Personal Information

1. Name (Last, First Middle)	3. Social Security # -- --	6. Driver’s License (State/No.)
2. Address (Street)	4. Telephone Number () -	7. Alternate Telephone () -
Address (City, State, Zip Code) County	Email Address:	

General Information

Are you legally eligible for work in the U.S.A.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(if yes, verification will be required)</i>
Have you ever applied to or worked for SICSA before? If so, when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are any of your relatives/friends currently employed with SICSA? If so, please list name and department, if applicable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted of any crime (employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(a conviction does not automatically bar employment)</i>
If yes, state the date, place and nature of conviction:			

Employment Request

Minimum Salary Requested: \$ _____ If applicable, are you available for overtime? Yes No

What is the earliest date you can begin work? _____

How did you hear about this position?

Recruiter Internet Job Posting Newspaper Classified Company Website Other _____

Employment History

**Please begin with most recent employment*

May we contact your current employer? Yes No Not Applicable

Employer: _____ Address: _____ _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____, _____ to _____, _____	Pay or salary Start: _____ Final: _____	Position: Duties: _____	Reason for Leaving: Resigned Discharged Laid Off Other – Explain on a separate sheet of paper
Employer: _____ Address: _____ _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____, _____ to _____, _____	Pay or salary Start: _____ Final: _____	Position: Duties: _____	Reason for Leaving: Resigned Discharged Laid Off Other – Explain on a separate sheet of paper
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Education

School	Name	Location	Course of Study	Degree Obtained
High School/GED				
College/University				
Graduate School				
Vocational / Specialized				

References			
Name	Company	Title	Contact Information

Signature / Certification	
<p>Please sign this application after reading the following statements carefully.</p> <p>I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of this application, refusal to hire, a withdrawal of an offer of employment, or if I am employed by this company, for my immediate termination from employment without recourse, whenever and however discovered.</p> <p>I hereby authorize SICSA, its agent or assigns, to contact my previous employers to request references. Further, I agree to hold SICSA and any such previous employer harmless for disclosure and authorize them to release any all information pertaining to me and my employment.</p> <p>I understand that the use of this form does not indicate that there are any positions open and does not in any way obligate this company. Further, I understand and agree that if I am hired by this company, unless specifically set forth in writing to the contrary and signed by the Executive Director or President of the Board, my employment will be for no definite period, and may, regardless of the date or payment of my wages or salary, be terminated at any time for any reason at the will of the company without any previous notice.</p> <p>I acknowledge, and where applicable consent to, the following:</p> <p>SICSA or its authorized agent may conduct a criminal background, driver license, education, employment history, and professional license verification, credit investigation, and check my references. SICSA reserves the right to amend, change, and/or modify the policies and protocols set forth in its handbook.</p>	
<p>Applicant's Printed Name:</p> <p>Applicant's Signature:</p>	<p>Date:</p>