

Application for Employment

Humane Society of Greater Akron
 4904 Quick Road Peninsula, Ohio 44264
 phone: 330.657.2010 fax: 330.657.2947
www.summithumane.org

Personal Information

Name: _____ S.S.N.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Are you 18 years of age or older: Y _____ N _____

Desired Employment

Salary Desired: _____

Position: _____ Date Available to Start: _____

Are you presently employed? Y _____ N _____

If so, may we contact your present employer? Y _____ N _____

Have you ever applied with the Humane Society of Greater Akron before? Y _____ N _____

Have you ever worked for the Humane Society of Greater Akron before? Y _____ N _____

How did you hear about the HSGA (Humane Society of Greater Akron)? _____

Education

School Level	Name and Location of School	# of years attended	Did you graduate	Areas and Subjects Studied
High School				
College				
Trade, Business, Etc.				

Please list any special training, skills, etc.: _____

Former Employers (Please begin with most recent)

Name of previous employer:		
Address:	City:	State/Zip:
Start Date:	End Date:	Job Title:
Starting Pay:	Ending Pay:	May we contact your supervisor? Y ____ N ____
Supervisor Name:	Title:	Phone:
Job Responsibilities:		
Reason for leaving:		

Name of previous employer:		
Address:	City:	State/Zip:
Start Date:	End Date:	Job Title:
Starting Pay:	Ending Pay:	May we contact your supervisor? Y ____ N ____
Supervisor Name:	Title:	Phone:
Job Responsibilities:		
Reason for leaving:		

Name of previous employer:		
Address:	City:	State/Zip:
Start Date:	End Date:	Job Title:
Starting Pay:	Ending Pay:	May we contact your supervisor? Y ____ N ____
Supervisor Name:	Title:	Phone:
Job Responsibilities:		
Reason for leaving:		

References (no relatives, please.)

Name	Address	Phone	Years Known	Capacity Known

Have you been convicted of a felony within the past 10 years? Y _____ N _____

If yes, please explain: _____

Applicants Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

Signature: _____ Date: _____

For Office Use Only

Interviewers Name: _____ Date: _____

Comments: _____

