EMPLOYMENT APPLICATION

Last name	:		_ First na	ıme:		Mide	dle:	
Street:		_ City:			State:			
Zip: Home phor		•						
Cell Phone	e:	If nei	ther, whe	ere can y	ou be reached?			
	l you be available							
	ired?					weekends a	nd holidays?	YES NO
Please list	the hours that you	ı are availab	le for eac	ch day:				
MON:	TUES:	WED:_		_ THUR	S: FR	:I:	SAT:	SUN:
EDUCAT	ION AND TRAI	NING						
High Scho	ool:			City	:		State:	
Circle higl	hest grade comple	ted: 1 2 3 4 5	56789	10 11 1	2 GED			
ducation	Name and Location		Attended		Circle # of	Credit	Degree,	Major Subjec
beyond High School			Fro m	То	years completed	hours	diploma, or certificat e	
College or University					1234			
raduate or rofessional					1234			
Other					1234			
If yes, wh								
	study? work for which yo						source(s) of is	suance.

GENERAL INFORMATION

Are you currently authorized to work i	in the United Stat	tes on a full-time basis	s? YES NO
Military status: Are you a veteran? Y	ES NO Dates of	of service:	
Branch:			
Are you related by blood, marriage, or	domestic partne	r to anyone now empl	oyed by GCHS? YES NO
If yes, give name, relationship, and pos	sition:		
	EMPLOYME	ENT RECORD	
List y	our present or me	ost recent employer F	IRST.
Including U.S. Arme	ed Forces experie	ence, and volunteer or	unpaid experience.
Title of present or last position :		Wage:	per HOUR WEEK MONTH
Employer:	Superv	visor's name and title:	
Address:	City:	Sta	te:
Phone:			
Duties:			
Reason for leaving:		Start date:	End date:
Title of present or last position :		Wage:	per HOUR WEEK MONTH
Employer:	Superv	visor's name and title:	
Address:	City:	Sta	te:
Phone:	_		
Duties:			
Reason for leaving:		Start date:	End date:

Title of present or last position :		Wage:	per HOUR WEEK MONTH		
Employer:	Supervisor's name and title:				
Address:	City:	Sta	te:		
Phone:	-				
Duties:					
Reason for leaving:		Start date:	End date:		
If you are currently employed, may we of YES NO SKILLS Please list any skills and abilities you we operate, special computer knowledge, land	rish to be considere	ed. Include skills wi			
REFERENCES NAME PHONE OCC	UPATION YEAR	S KNOWN			
1					
2					
3					
4					
PR	E-EMPLOYME	NT DRUG SCREE	NING		
I give my permission to be tested for pro-	e-employment dru	g screening. I under	rstand that the results of this test will		
determine my eligibility for employmen	nt with The Gulf C	Coast Humane Socie	ty.		
APPLICANT SIGNATURE:			DATE:		

I hereby certify that all statements on the application are true and complete to the best of my knowledge and belief. I understand that if I am employed by The Gulf Coast Humane Society, and any false or incomplete information is discovered, I may be terminated. I authorize persons, schools, current employer(s) and any other individuals, organizations, or employers to provide GCHS with any relevant information needed to consider my candidacy. I release all such individuals, organizations, and employers from any liability on account of having furnished such information. I further release GCHS with regard to inquiries related to my candidacy for employment.

APPLICANT SIGNATURE:	DATE:				
DO NOT WRITE BELO	W THIS LINE – GCHS OFFICE USE ONLY				
Interviewed by:	Date:				
REMARKS:					
Neatness:					
Character:					
Personality:					
Ability:					
HIRED? YES NO					
POSITION:	SALARY/ WAGES:				
START DATE:					