



Employment Application

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

No. & Street City State Zip

Business Phone Home Phone Social Security Number

Permanent Address (if different from present address)

No. & Street City State Zip

Email address _____

Employment Desired

Position Applying for: _____

I am seeking: Full Time Part Time

I am available to work on (circle all that apply): Days Evenings Weekends Rotating Shift

Personal Information

Have you ever applied to or worked for Placer SPCA before? Yes No

If Yes, when? _____

Do you have any friends or relatives working for Placer SPCA? Yes No

If Yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at Placer SPCA?

If hired would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of legal age). Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

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Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? (Convictions for misdemeanor marijuana-related offenses that are more than two years old need not be listed. Also, any convictions that have been expunged, sealed or dismissed need not be listed.) Yes No

If yes, state the nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

School	Name & Address	No. of years Completed	Did you graduate?	Degree or Diploma
High School	Name _____	_____	<input type="checkbox"/> Yes	_____
	City _____ State _____ Zip _____		<input type="checkbox"/> No	
College /University	Name _____	_____	<input type="checkbox"/> Yes	_____
	City _____ State _____ Zip _____		<input type="checkbox"/> No	
Vocational/ Business	Name _____	_____	<input type="checkbox"/> Yes	_____
	City _____ State _____ Zip _____		<input type="checkbox"/> No	
Health Care	Name _____	_____	<input type="checkbox"/> Yes	_____
	City _____ State _____ Zip _____		<input type="checkbox"/> No	

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Employment History

List below all present and past employment starting with your most recent employer (last 5 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____		Telephone No. _____	
Type of Business _____		Your Supervisor's Name _____	
Address & Street _____		City _____	State _____ Zip _____
Dates of Employment: _____		Weekly Pay: _____	
From	To	Starting	Ending
Your Position and Duties _____			
Reasons for Leaving _____			
May we contact this employer for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Employer _____		Telephone No. _____	
Type of Business _____		Your Supervisor's Name _____	
Address & Street _____		City _____	State _____ Zip _____
Dates of Employment: _____		Weekly Pay: _____	
From	To	Starting	Ending
Your Position and Duties _____			
Reasons for Leaving _____			
May we contact this employer for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____		Last Name _____		Telephone No. _____
Address & Street _____		City _____	State _____	Zip _____
Occupation _____			No. of Years Acquainted _____	

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References, continued

First Name	Last Name	Telephone No.	
Address & Street	City	State	Zip
Occupation	No. of Years Acquainted		

First Name	Last Name	Telephone No.	
Address & Street	City	State	Zip
Occupation	No. of Years Acquainted		

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that all the information above is true and complete. I have not knowingly withheld any information that might adversely affect my chances for employment. I understand that any falsification, material omission or misstatement of information on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I further certify that I, the undersigned applicant, have personally completed this application.

Initials I understand that any offer of employment is conditioned upon complying with all of the organization's requirements including, but not limited to, signing any requested consent for the Organization to conduct an investigation or obtain a report about my background.

Initials I hereby authorize the Placer SPCA and its representatives to contact my prior employers and all others for the purpose of verification of all information I have supplied, and to thoroughly investigate my references, work record, education, professional credentials, and other matters related to my suitability for employment. Further, I authorize the references I have listed to disclose to the Organization any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Organization, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Organization. In addition, I understand and agree that if I am employed, my employment is "at-will" – that is, it is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Organization and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Organization's designated representative.

Initials I understand an offer of employment may be made contingent on passing a job-related physical examination. I agree to submit to a controlled substances screening and physical examination by the Organization's designated medical practitioner and at the Organization's expense upon receiving a conditional offer of employment from the Organization.

Initials I understand and agree that in connection with my application for employment or possible assignment to another position within the Organization, the Organization may solicit and obtain information related to my character, work habits, job performance, experiences and abilities, and the reasons for the termination of past employment. I also understand and agree that internal personnel employed by the Organization may request information from various federal, state, and other agencies, including public and private sources that

maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences, to the extent permitted by law. Should the Company obtain public records related to me (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment), I understand that I am entitled to copies of any such public records within seven (7) business days unless I mark the check box below. If the Organization takes any adverse action based on the information in such records, including denying me employment, I understand I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's or Employee's Signature