



# Employment Application

*An Equal Opportunity Employer*

Please Print

Date	Last Name	First Name	Middle
No. & Street		City	State    Zip
Business Phone		Home Phone	E-mail

## 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
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Name	Relationship
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How did you learn about Placer SPCA? \_\_\_\_\_

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

Do you have a valid driver's license and a good driving history?         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

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.)

Employment Application – Page 2

**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	

**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: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Position Title and Responsibilities \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Name of Employer \_\_\_\_\_ Telephone No. \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment Application – Page 3

Dates of Employment: \_\_\_\_\_  
From      To

Position Title and Responsibilities \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  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		

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 will be conditioned upon complying with all of Placer SPCA's requirements including, but not limited to, signing any requested consent for Placer SPCA to conduct an investigation or obtain a report about my background.

\_\_\_\_\_ initials I hereby authorize 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 Placer SPCA any and all letters, reports and other information related to work records, without giving me prior notice of such 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 Placer SPCA. 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 Placer SPCA, and that no promises or representations contrary to the foregoing are binding on Placer SPCA unless made in writing and signed by me and the Placer SPCA'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 Placer SPCAS designated medical practitioner and at Placer SPCA's expense upon receiving a conditional offer of employment from Placer SPCA.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature