



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

Name Relationship

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 CA 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.)

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Education, Training and Experience

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

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?	<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 _____

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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