



PROUDLY SERVING THE HOMELESS ANIMALS OF THE CENTRAL COAST SINCE 1955

875 OKLAHOMA AVE
 SAN LUIS OBISPO, CA 93405
 TEL: (805) 543-9316
 FAX: (805) 543-9524

INSTRUCTIONS:

Please complete all sections of the application form. If additional space is needed, please attach an additional page with all necessary information. It is the responsibility of the applicant to update the human resources division at Woods Humane Society of changes to any information contained on this form.

POSITION APPLYING FOR:

Last Name _____ First Name _____ Middle Name _____ Part-Time Full-Time

Other Names you have used while employed or in school: _____ Email Address (for recruitment notification) _____

Address _____ Apt. Number _____ Home Telephone Number _____

City _____ State _____ Zip Code _____ Message Phone Number _____

Languages you speak fluently other than English: _____ Driver's License # / State/ Exp. Date _____

Are you over 18 years of age? Yes No

If hired, can you provide proof of age? Yes No

Can you, after employment, submit verification of your right to work in the United States? Yes No

Have you ever been convicted of a felony, misdemeanor, plead nolo contendere OR been on parole or probation? If yes, list all convictions since your 18th birthday. For each conviction you must list the date, code section, and final disposition on you record. (A "Yes" answer will not automatically disqualify you from employment.) Yes No

Have you ever been employed by Woods Humane Society? If yes, please list dates of prior employment and job title. Yes No

Do you have any relatives employed by Woods Humane Society or serving on the Woods Board of Directors? If yes, provide name of employee and department: Yes No

How did you learn of the position for which you are applying for?
 Newspaper Television Friend Job Hotline Website _____ Employee _____

Do you need an accommodation in taking an examination due to a qualified disability? Yes No

EDUCATION AND TRAINING

NAME OF HIGH SCHOOL: _____

ENTER HIGHEST GRADE COMPLETED TO DATE: _____ DID YOU GRADUATE OR RECEIVE A G.E.D.? Yes No

COLLEGE, TRADE OR TECHNICAL SCHOOL	DEGREE	DID YOU RECEIVE A DEGREE? LIST DATE (S) AND UNITS	
		Yes <input type="checkbox"/>	Units completed _____ Quarter <input type="checkbox"/>
		Yes <input type="checkbox"/>	Units completed _____ Quarter <input type="checkbox"/>
		No <input type="checkbox"/>	Date(s) _____ Semester <input type="checkbox"/>

List any special licenses, certificates or credentials relevant to the position. Attach a copy of any certificate required for the position.

EMPLOYMENT HISTORY

LIST THE LAST TEN YEARS OF EMPLOYMENT: BEGINNING WITH YOUR MOST RECENT EMPLOYER. Please explain any gaps in your employment history. Use additional sheets if necessary. Résumés may be attached with the completed application, but will not be acceptable as a substitute for completing the section below.

Business or Agency Name and Address	Dates of Employment	Job Title:	Number Supervised:
	From:	Duties:	
	To:		
Phone:	Final Salary: \$		
Supervisors Name: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving:	
Business or Agency Name and Address	Dates of Employment	Job Title:	Number Supervised:
	From:	Duties:	
	To:		
Phone:	Final Salary: \$		
Supervisors Name: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving:	
Business or Agency Name and Address	Dates of Employment	Job Title:	Number Supervised:
	From:	Duties:	
	To:		
Phone:	Final Salary: \$		
Supervisors Name: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving:	
Business or Agency Name and Address	Dates of Employment	Job Title:	Number Supervised:
	From:	Duties:	
	To:		
Phone:	Final Salary: \$		
Supervisors Name: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving:	

I hereby certify that all statements in this application are true and I authorize investigation and verification of any of this material. I understand that any misstatement or omission of information will cause forfeiture of my eligibility for employment and will result in my removal from the eligibility list or my dismissal from employment. I further agree to be fingerprinted, drug tested and to furnish proof of eligibility to work in the United states.

Signature of Applicant: _____ Date: _____