

Rockingham-Harrisonburg SPCA
Employment Application
(Please Print Clearly)

Personal Data

Name: _____ Date: _____

Present Address _____

Permanent Address _____

Phone Number _____ Social Security Number _____

Email Address _____

Position Applying For _____ Desired Rate _____

Reason for Applying: _____

Available to work: Full Time Part Time Week Day Weekends

Available to start: _____ Referral Source: _____

Have you ever applied with us before? Yes No

Worked with us before? Yes No

Are you 18 years or older? Yes No

Are you legally permitted to work in this country? Yes No

Do you have a valid Virginia Driver's License? Yes No

A negative response is not an automatic bar to employment with the organization.

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

A positive response is not an automatic bar to employment with the organization. The offense for which the person was convicted in relation to the position to which they have applied will be considered.

Education and Skills

| Type | Name & Location | Courses Taken | Graduated | | # of years Completed |
|------------------------------|-----------------|---------------|-----------|-------------|-------------------------|
| | | | Yes | No Enrolled | |
| High School | _____ | _____ | | | |
| College | _____ | _____ | | | |
| Business, Trade Technical | _____ | _____ | | | |
| Other | _____ | _____ | | | |

Special Skills _____

Employment History

Please list previous employers beginning with most recent first.

Company Name _____ Phone Number _____

Address _____

Supervisor _____ Supervisor Title _____

Position _____ Full Time Part Time Temporary
 Employment Dates(mm/yy) From ____/____/____ To ____/____/____ Ending Salary/Hourly Rate _____

Reason for Leaving _____

Company Name _____ Phone Number _____

Address _____

Supervisor _____ Supervisor Title _____

Position _____ Full Time Part Time Temporary
 Employment Dates(mm/yy) From ____/____/____ To ____/____/____ Ending Salary/Hourly Rate _____

Reason for Leaving _____

Company Name _____ Phone Number _____

Address _____

Supervisor _____ Supervisor Title _____

Position _____ Full Time Part Time Temporary
 Employment Dates(mm/yy) From ____/____/____ To ____/____/____ Ending Salary/Hourly Rate _____

Reason for Leaving _____

Please list three professional references below:

| Name | Company Title | Business Telephone |
|-------------|----------------------|---------------------------|
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"I certify the above information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentation are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the organization's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at either my or the organization's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the organization. I understand that no organization representative, other than its President and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Applicant Signature: _____ **Date:** _____