

BURKE COUNTY FRIENDS FOR ANIMALS

Employment Application



APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Driver's License No. and State					
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Disclosure of a criminal record will not necessarily disqualify you for employment. A conviction will be evaluated on its own merits with respect to time, circumstances, and seriousness in relation to the job for which you are applying.					

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list a minimum of two professional references.

Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
DISCLAIMER AND SIGNATURE			
<p>I certify that my answers are true and complete to the best of my knowledge. I give the Employer the right to investigate all references, to contact all prior employers and to secure additional information about me, if job related. I, hereby, release from Liability the Employer and its representatives for seeking such information and all persons, corporations or organizations for furnishing such information. If selected, I understand that I will be employed at will; that my employment is for no definite period of time, and may, regardless of the date and payment of my wages and/or salary be terminated under the provisions of Company policy. I understand that I must meet all the physical standards established by BCFFA to perform the essential functions of any job for which I am offered employment. I understand that, if offered employment, I might be required as a condition of employment to take a physical examination. I also understand that during employment, I might be subjected to random drug / alcohol testing, physical examination and/or physical ability tests to demonstrate I can perform the essential functions of my job. BCFFA reserves the right to search personal property of employees on company property for alcohol, drugs or property that might belong to BCFFA. A refusal to submit to a search may be grounds for dismissal.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>			
Signature		Date	