



# APPLICATION FOR EMPLOYMENT

## Instructions:

Answer each question full and accurately. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature at end of this application. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.

In reading and answering the following question, be aware that none of the questions are intended to imply illegal preferences or discrimination base upon non-job-related information.

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**An Equal Opportunity Employer** – We do not discriminate on the basis of race, religion, national origin, sex, age, disability, or any other status protected by laws or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

APPLICATION DATE: \_\_\_\_\_

## PERSONAL INFORMATION

Name (last name first):		Social Security Number:	
Street Address:	City:	State:	Zip:
Phone Number:	Email:	Referred By:	
Are you 18 years of age or older? _____ Yes _____ No		If hired, can you furnish proof of eligibility to work in the U.S.? _____ Yes _____ No (Photo ID & Social Security Card)	

## EMPLOYMENT DESIRED

Position:		Date you can start:	Salary Desired:
Part Time?	Full Time?	What days and hours are you unavailable to work?	
Are you currently employed? _____ Yes _____ No		If so, may we inquire of your present employer? _____ Yes _____ No	

## EDUCATION

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar School			
High School			
College			
Subjects of special study or special training skills:			

## WORK HISTORY (List Previous employers, beginning with the most recent)

Company Name:	Telephone Number(s):
Address:	Employment Dates:
Name of Supervisor:	Weekly Pay Start: _____ Last: _____
Job Title and Description:	Reason for Leaving:
What did you like most about this job?	What did you like least about this job?

Company Name:	Telephone Number(s):
Address:	Employment Dates:
Name of Supervisor:	Weekly Pay Start: _____ Last: _____
Job Title and Description:	Reason for Leaving:
What did you like most about this job?	What did you like least about this job?

Company Name:	Telephone Number(s):
Address:	Employment Dates:
Name of Supervisor:	Weekly Pay Start: _____ Last: _____
Job Title and Description:	Reason for Leaving:
What did you like most about this job?	What did you like least about this job?

**REFERENCES** (Give the names of three person not related to you, whom you have known for at least one year)

NAME	ADDRESS	PHONE #	RELATIONSHIP (Friend, Co-worker, Etc.)	YEARS KNOWN

Have you ever been convicted of any law violation, excluding minor traffic violation? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please explain, listing city/state: \_\_\_\_\_

**AFFIDAVIT, CONSENT AND RELEASE**

**Please Read Each Statement Carefully Before Signing.**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date for falsification of my application.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, employer, past employers and organizations to provide relevant information and opinions that may be useful in making an employment decision.

I release such persons and organizations from any legal liability in making such statements.

I understand that I will be required to successfully pass a drug screening examination before at Tulsa SPCA.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I know and abide by the animals laws in my city limits. If I don't I will have my 90-day new hire timeline to become compliant with the law with the guidance of Tulsa SPCA.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize Tulsa SPCA to do so. If a report is obtained, you must provide, at my request, the name of the agency so that I may obtain from them my expenses, the nature and substance of the information contained in the report.

All information is confidential.

I have read, understand, and my signature consent to these statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date