

NEENAH ANIMAL SHELTER

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP

Phone Number: _____ Email address: _____

Position Applied For: _____ Social Security Number: _____

Salary Desired: _____ Date Available: _____

How many hours can you work weekly? _____ Can you work nights? Yes No

Employment Desired: Full Time Part time Can you work weekends? Yes No

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S. Yes No

Are you at least 18 years or older? Yes No

Have you ever work for this company? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain _____

Education

High School: _____ Address: _____

Did you Graduate? Yes No Degree: _____

College/Tech School: _____ Address: _____

Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

Did you graduate? Yes No Degree: _____

Employment

Company: _____ Phone Number: _____

Address: _____
Street Address City State ZIP

Position Held: _____ Supervisor: _____

Responsibilities: _____

Dates of Employment : _____ to _____

Starting Salary _____ Ending Salary: _____

Reason for Leaving: _____ May we contact this employer? Yes No

Company: _____ Phone Number: _____

Address: _____
Street Address City State ZIP

Position Held: _____ Supervisor: _____

Responsibilities: _____

Dates of Employment : _____ to _____

Starting Salary _____ Ending Salary: _____

Reason for Leaving: _____ May we contact this employer? Yes No

Company: _____ Phone Number: _____

Address: _____
Street Address City State ZIP

Position Held: _____ Supervisor: _____

Responsibilities: _____

Dates of Employment : _____ to _____

Starting Salary _____ Ending Salary: _____

Reason for Leaving: _____ May we contact this employer? Yes No

Driver Information

Do you have a valid driver's License? Yes No

Driver's License Number: _____ State of Issue: _____

Have you had any accident during the past three years? Yes No If yes, how many? _____

Have you had any moving violation during the past three years? Yes No If yes, how many? _____

Skills and Qualifications

Other qualification such as special skills, abilities or honors that should be considered:

Types of Computers, software, and other equipment you are qualified to operate:

Professional Licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

References

List two person references who are not relatives or former supervisors:

Name	Contact Number	Occupation	Years Known
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Name	Contact Number	Occupation	Years Known
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Information to Applicant

I certify that all answers and statement on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false misleading information, my application may be rejected or my employment with this company terminated.

Signature: _____ Date: _____