



# PALM SPRINGS ANIMAL SHELTER

COMPASSIONATE • PROGRESSIVE • COMMITTED

## EMPLOYMENT APPLICATION

Please Print

Date Last Name First Name Initial

Present Address

Number & Street City / State Zip Code

( ) Home Phone ( ) Cell / Other Phone # E-mail address

### EMPLOYMENT DESIRED

Position applying for: FT PT Temp

Are you available for work on:  Weekends  Evenings  Holidays  Overtime

If hired, what date can you start work?

### PERSONAL INFORMATION

Have you ever applied to or worked for Palm Springs Animal Shelter before?  Yes  No If so, when?

Do you have any friends or relatives working for Palm Springs Animal Shelter?  Yes  No

If yes, state name (s): Name

(Note: We may refuse to hire relatives of present employees if doing so could result in actual potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.)

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the function(s) that cannot be performed:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests.)

### EDUCATION, TRAINING AND EXPERIENCE

School Name / Address Number of Years Completed Did you Graduate? Degree or Diploma

High School Name  Yes  No

Address

City State Zip Code

College / University \_\_\_\_\_  Yes  No \_\_\_\_\_  
Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Other/Vocational/Business \_\_\_\_\_  Yes  No \_\_\_\_\_  
Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying

**COMPUTER SKILLS** (Check appropriate boxes. Include software titles and years of experience.)

- |  |   |
|--|---|
| <input type="checkbox"/> Word Processing _____ Years _____ | <input type="checkbox"/> Internet _____ Years _____   |
| <input type="checkbox"/> Spreadsheet _____ Years _____     | <input type="checkbox"/> PowerPoint _____ Years _____ |
| <input type="checkbox"/> E-mail _____ Years _____          | <input type="checkbox"/> Other _____ Years _____      |
| <input type="checkbox"/> Other Software _____ Years _____  | <input type="checkbox"/> Other _____ Years _____      |

**REFERENCES** – List below three persons, not related to you, who have knowledge of your work performance within the last five years.

NAME	OCCUPATION	TELEPHONE	NUMBER OF YEARS ACQUAINTED

**EMPLOYMENT HISTORY**

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. **You must complete this section** even if attaching a resume.

Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_



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**Name of Employer**

---

Telephone Number

---

Type of Business

---

Your Supervisor's Name

---

Address

---

City

---

State

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Zip Code

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Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

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Your Position and Duties

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Reason for Leaving

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What did you like most about your position?

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What were the things you liked least about the position?

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**Name of Employer**

---

Telephone Number

---

Type of Business

---

Your Supervisor's Name

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Address

---

City

---

State

---

Zip Code

---

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

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Your Position and Duties

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Reason for Leaving

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What did you like most about your position?

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What were the things you liked least about the position?

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**Name of Employer**

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Telephone Number

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Type of Business

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Your Supervisor's Name

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Address

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City

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State

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Zip Code

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Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

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Your Position and Duties

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Reason for Leaving

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What did you like most about your position?

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\_\_\_\_\_  
**Name of Employer** Telephone Number  
\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address City State Zip Code  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
What did you like most about your position?

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\_\_\_\_\_  
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Type of Business Your Supervisor's Name

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Address City State Zip Code  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
What did you like most about your position?

\_\_\_\_\_  
What were the things you liked least about the position?



If not addressed on previous pages, have you ever been fired or asked to resign from a job? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Explain any gaps in your employment other than those due to personal illness, injury or disability.  
\_\_\_\_\_  
\_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign /Date Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Palm Springs Animal Shelter to investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Palm Springs Animal Shelter any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Palm Springs Animal Shelter, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that Palm Springs Animal Shelter may require applicants for employment to take a urinalysis for drug and alcohol screening as part of the selection process, and that any offer of employment with Palm Springs Animal Shelter is contingent upon the results of these tests being satisfactory. I understand that if I am employed with Palm Springs Animal Shelter, it may require that I submit to a drug and/or alcohol screen if I am involved in an on-the-job accident or if Palm Springs Animal Shelter has reasonable suspicion that I am under the influence of drugs or alcohol; and I hereby authorize the release of these drug screen results to Palm Springs Animal Shelter.

\_\_\_\_\_ I understand that **nothing** contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Palm Springs Animal Shelter. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Palm Springs Animal Shelter, and that no promises or representations contrary to the foregoing are binding on Palm Springs Animal Shelter unless made in writing and signed by me and the Palm Springs Animal Shelter's designated representative.

\_\_\_\_\_ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Signature*

**We Are An Equal Employment Opportunity Employer**