



# APPLICATION FOR EMPLOYMENT

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**PERSONAL INFORMATION**

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

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street

(Apt)

City/State

Zip

Alternate Address: \_\_\_\_\_

Street

City/State

Zip

Contact Information: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Home Telephone

Mobile Telephone

Email

***How did you learn about the DFW Humane Society?*****POSITION SOUGHT:** \_\_\_\_\_**Available Start Date:** \_\_\_\_\_**Desired Pay:** \_\_\_\_\_

Hourly

**Are you currently employed?** \_\_\_\_\_

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**EDUCATION**

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

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Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

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## PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Salary	Role/Title

Job notes, tasks performed and reason for leaving:

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Job notes, tasks performed and reason for leaving:

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Dates Employed	Company Name	Salary	Role/Title

Job notes, tasks performed and reason for leaving:

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**Authorization**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for the employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date: \_\_\_\_\_ Signature: \_\_\_\_\_