

# **EMPLOYMENT APPLICATION**

Pioneer Humane Society/Pendleton Animal Welfare Shelter (PAWS) is an equal opportunity/affirmative action employer. All qualified applicants, based upon job related qualifications, will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, physical or mental disability or any other classification proscribed under applicable federal, state or local law.

### **PLEASE PRINT**

Name (Last)	(First)		(Middle Initial)	Home Telephone ( )
Address (Mailing)	(City)	(State)	(Zip)	Cell Telephone ( )
Address (Street)	(City)	State)	(Zip)	Other Telephone ( )
E-Mail Address	Are		gally entitled to wo	ork in the U.S.?

## POSITION

Position Applying For:	Full-time	Date available to start work:
	Part-time	
(Driver position requires a copy of your driving record from the DM)	/, prior to interview)	
If required, would you be willing to work overtime?	🗌 Yes 🗌 No	
Do you have any allergies that prevent you from handling the animals?	Yes No	
Are you afraid of handling animals?	Yes No	If yes, which ones?
Have you ever interviewed with PAWS before?	Yes No	If yes, list date(s) & position(s)
Have you ever been employed by PAWS?	Yes No	If yes, list dates(s) & position(s)
Do you have any relatives/friends employed by PAWS?	🗌 Yes 📃 No	If yes, list name(s) & position(s)
Are you at least 18 years old?	🗌 Yes 🗌 No	If under 18, do you have a work permit?
Are you able to perform the essential functions of the job you are applyi reasonable accommodation?	ng for without	
Are you currently employed?	Yes No	If so, may we contact your employer? Yes No

# **EDUCATION**

High School & Location	Dates Attended	Graduate	Degree & Year	GED Diploma & Year
College & Location	Dates Attended	Graduate	Degree & Year	Major & Subject
Business or Trade School & Location	Dates Attended	Graduate	Degree & Year	Major & Subject



WORK EXPERIENCE (Most Recent First) (Include	Voluntary Work and Military Expe	erience)
Employer	Telephone Number	From (Month/Year)
Address	City/State/Zip	To (Month/Year)
Job Title	Number Employees Supervised	Supervisor
Specific Duties		
Specific Duties		
Reason for Leaving		May We Contact This Employer?
Employer	Telephone Number	From (Month/Year)
	( )	
Address	City/State/Zip	To (Month/Year)
Job Title	Number Employees Supervised	Supervisor
Specific Duties		
Reason for Leaving		May We Contact This Employer?
Employer	Telephone Number	From (Month/Year)
Address	City/State/Zip	To (Month/Year)
Job Title	Number Employees Supervised	Supervisor
	·········	
Specific Duties		
Reason for Leaving		May We Contact This Employer?
		Yes No



# SPECIAL INTERESTS

U.S.	Military	or	Naval	Service

Special Skills and/or Training

Special Study or Hobby

#### **PROFESSIONAL REFERENCES** (List three (3), other than relatives)

Name	Relationship	Contact Phone Number	Number Years Known

I understand that the position I am applying for may/will require me to:

- Lift between 15 60 lbs.
- Restrain a 65 lb. animal
- Stand for long periods of time
- Pass a police background check
- Receive 3 pre-exposure rabies vaccines shots
- Handle vicious and dangerous animals

#### AUTHORIZATION

"I understand that that the Pendleton Police Department (PPD) will do a criminal background check on me. I will also have a drug test prior to employment. I also understand that if I am employed by the Pendleton Animal Welfare shelter my employment will be terminated if PAWS is notified by the PPD that they find my background unacceptable, i.e., arrests, convictions, drug related problems, or any other incidents that do not comply with the policies and procedures of the Pendleton Police Department.

I certify that the facts contained in this application are true and correct. I understand that, in the event of my employment by PAWS, I shall be subject to dismissal if any information that I have given in the application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery. I authorize investigation of all statements contained herein and the references and employers listed 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 authorize investigation of all statements contained herein and, the references and employers listed within to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release the company from all liability for any damage that may result from use of said information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period, 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 medically-related information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date \_

Applicant Signature\_



DO NOT WRITE BELOW THIS LINE			
Interviewed By	Date		
Interviewed By	Date		
Interviewed By	Date		
INTERVIEWER'S COMMENTS			

# ABILITIES HIRE DATE SALARY

### **PAWS Board of Directors/President**

Date	Signature	
	Animal Care Coordinator	
Date	Signature	