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 you I	egally entitled to v	vork in the U.S.?
POSITION					
Position Applying For:			art-time	Date availab	ole to start work:
(Driver position requires a copy of your dri	ving record	from the DMV, prio	r to interview)		
If required, would you be willing to work overting	me?		Yes No		
Do you have any allergies that prevent you from		the animals?	Yes No		
Are you afraid of handling animals?			Yes No	If yes, which	n ones?
Have you ever interviewed with PAWS before?			Yes No	If yes, list da	ate(s) & position(s)
Have you ever been employed by PAWS?			Yes No		ates(s) & position(s)
Do you have any relatives/friends employed by	PAWS?		Yes No	- '	ame(s) & position(s)
Are you at least 18 years old?			Yes No	If under 18, permit?	do you have a work
Are you able to perform the essential functions reasonable accommodation?	of the job	you are applying for	without Yes No		
Are you currently employed?			If so, may w employer?	e contact your 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 Experience) Telephone Number **Employer** 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 **Employer** Telephone Number From (Month/Year) Address City/State/Zip To (Month/Year) Job Title **Number Employees Supervised** Supervisor Specific Duties May We Contact This Employer? Reason for Leaving Yes ☐ No **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 V	VRITE BELOW THIS LINE_					
terviewed By Date						
Interviewed By	Date	Date				
Interviewed By	By Date					
INTERVIEWER'S COMMENTS						
ABILITIES	HIRE DATE	SALARY				
	1	1				
PAWS	Board of Directors/President					
Date						
•	Animal Care Coordinator					
Date	Signature					