



GLOUCESTER-MATHEWS HUMANE SOCIETY APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Please Print All Information

Last Name	First Name	Middle Name	Today's Date	
Mailing Address		City	State	Zip
911 Address		City		
Are You 18 Years or Older? ___ YES ___ NO		Home Telephone: () Cell: ()		

DESIRED EMPLOYMENT

Position Desired	Date Available For Work	Salary Desired
Are You Employed Now? ___ YES ___ NO	If YES, May We Contact Your Present Employer? ___ YES ___ NO	
Have You Applied to GMHS Previously? ___ YES ___ NO	If YES, When Did You Apply? Month _____ Year _____	
Have You Worked At GMHS Previously? ___ YES ___ NO	When?	What Position?
How Did You Find Out About This Position? ___ Newspaper ___ Friend ___ Other		

HOURS AVAILABLE FOR WORK (list days and hours willing to work – be specific)

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED OR DEGREE EARNED
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
BUSINESS SCHOOL				
CORRESPONDENCE				
TRADE SCHOOL				

GENERAL

List any special skills, training, or subjects of special study that you feel would be beneficial to this job.

FORMER EMPLOYERS

Employer Name

Employer Mailing Address

Employer Telephone Number

Supervisor's Name

Your Job Title

Starting Salary

Ending Salary

Starting Date

Ending Date

May We Contact Your Supervisor?

____ YES ____ NO

Reason For Leaving

Description of Work

Employer Name

Employer Mailing Address

Employer Telephone Number

Supervisor's Name

Your Job Title

Starting Salary

Ending Salary

Starting Date

Ending Date

May We Contact Your Supervisor?

____ YES ____ NO

Reason For Leaving

Description of Work

Employer Name

Employer Mailing Address

Employer Telephone Number

Supervisor's Name

Your Job Title

Starting Salary

Ending Salary

Starting Date

Ending Date

May We Contact Your Supervisor?

____ YES ____ NO

Reason For Leaving

Description of Work

REFERENCES List the names of three persons you are not related to, whom you have known for at least one year.

	Name	Mailing Address	Business	Phone Number
1				
2				
3				

SERVICE RECORD

Branch of Service	Discharge Date

OTHER INFORMATION

Have you been charged with and/or convicted of a felony within the last 5 years?

Yes No

If yes, please explain. Statement will not necessarily exclude you from consideration.

Have you ever been charged with and/or convicted of animal cruelty, neglect or abandonment in Virginia or any other location?

Yes No If yes, please explain. _____

AUTHORIZATION

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

I authorize investigation of all statements contained herein. I authorize GMHS to contact the references and employers listed on this application and give them permission to disclose all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release the reference or employer 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 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.

Date: _____ Signature: _____