

GLOUCESTER-MATHEWS HUMANE SOCIETY APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Please Print All Infor	rmation				
Last Name	First Name	Middle Name	Today's D	ate	
Mailing Address		City	State	Zip	
011 4 11		G'4			
911 Address		City			
Are You 18 Years or Olde	r?	Home Telephone: ()			
YESNO	1.	Cell: ()			
1251(0		1 0000			
DESIRED EMPLOY	MENT				
Position Desired		Date Available For Work	Salary De	sired	

Position Desired	Date Available For Work	Salary Desired		
Are You Employed Now? YES NO	If YES, May We Contact Your Pre YES NO	sent Employer?		
Have You Applied to GMHS Previously?	If YES, When Did You Apply?			
YES NO	Month Year	·		
Have You Worked At GMHS Previously?	When?	What Position?		
YES NO				
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	YEARS	DID YOU	SUBJECTS STUDIED OR
	SCHOOL	ATTENDED	GRADUATE?	DEGREE EARNED
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
BUSINESS SCHOOL				
CORRESPONDENCE				
TRADE SCHOOL				

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GENERAL	1				
List any speci	al skills, training, or subje	ects of special study that you feel would	be benefic	cial to this job.	
FORMER	EMPLOYERS				
Employer Na	me				
Employer Ma	iling Address			Employer Tele	phone Number
Supervisor's N	Name	Your Job Title	St	arting Salary	Ending Salary
Starting Date	Ending Date	- · · · · · · · · · · · · · · · · · · ·			g
Description of	f Work	YESNO			
Employer Na	me				
				Employer Tele	nhono Numbon
Employer Ma		T			
Supervisor's N	Name	Your Job Title		arting Salary	Ending Salary
Starting Date	Ending Date	May We Contact Your Supervisor?YESNO	R	eason For Leavir	ng
Description of	f Work				
Employer Na	me				
Employer Ma				Employer Tele	phone Number
Supervisor's I		Your Job Title	S4	arting Salary	Ending Salary
_					•
Starting Date		May We Contact Your Supervisor?NO	K	eason For Leavir	ıg
Description of	f Work				
Name		Mailing Address	Busines	SS	Phone Number
1					
2					
3					

SERVICE RECORD		
Branch of Service		Discharge Date
N/A		
OTHER INFORMATION		
Have you been charged with a	and/or convicted of a felor	iy within the last 5 years?
Yes No		
If yes, please explain. Statem	ent will not necessarily ex	sclude you from consideration.
	N/A	
other location? Yes No If yes	, please explain	nimal cruelty, neglect or abandonment in Virginia or an
AUTHORIZATION		
<u> </u>		rue and complete to the best of my knowledge and I s application shall be grounds for dismissal.
employers listed on this applic previous employment and any	cation and give them pern pertinent information the	rein. I authorize GMHS to contact the references and mission to disclose all information concerning my ey may have, personal or otherwise. I release the that may result from utilization of such information.
	fied period of time or to n	e company has any authority to enter into any agreement nake any agreement contrary to the foregoing, unless it i entative.
Date:	Signature:	