



# WORCESTER COUNTY HUMANE SOCIETY EMPLOYMENT APPLICATION

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

## PERSONAL INFORMATION

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Have you ever worked for/applied to WCHS? \_\_\_\_\_ Yes \_\_\_\_\_ No

If hired, would you be able to present proof of your legal right to work in the U.S. or evidence of U.S. citizenship? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you pleaded no contest to or been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what crime – where and when convicted and the disposition of the case: \_\_\_\_\_

\_\_\_\_\_

If hired, are you willing to take a controlled dangerous substance test? \_\_\_\_\_ Yes \_\_\_\_\_ No

Position Applying For: \_\_\_\_\_

Desired Salary: \_\_\_\_\_

Are you applying for full-time? \_\_\_\_\_ Yes \_\_\_\_\_ No Part-time? \_\_\_\_\_ Yes \_\_\_\_\_ No

Hours/Days Available: \_\_\_\_\_

Are you willing to work overtime: \_\_\_\_\_ Yes \_\_\_\_\_ No

If hired, when can you start – specify date: \_\_\_\_\_

Are you able to perform the duties and responsibilities of the position for which you are applying, either with/without reasonable accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, describe the duties or responsibilities that cannot be performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION, TRAINING, EXPERIENCE**

High School: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

College/University: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No Years completed: \_\_\_\_\_

Diploma earned: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

College/University: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No Years completed: \_\_\_\_\_

Diploma earned: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Vocational School: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Years completed: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Diploma Earned: \_\_\_\_\_

**SKILLS, QUALIFICATIONS, LICENSES, AWARDS, TRAINING**

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Do you speak, write, or understand any foreign languages? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes please list language(s) and rate your proficiency: \_\_\_\_\_

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**EMPLOYMENT HISTORY – PLEASE DETAIL EACH OF THE JOBS FOR THE PAST FIVE YEARS AND ACCOUNT FOR ANY ISSUES IN EMPLOYMENT DURING THAT TIME PERIOD.**

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, may we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Employer:** \_\_\_\_\_

**Name of supervisor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Business Type:** \_\_\_\_\_ **Length of employment:** \_\_\_\_\_

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

**Position:** \_\_\_\_\_ **Duties:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Name of supervisor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Business Type:** \_\_\_\_\_ **Length of employment:** \_\_\_\_\_

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

**Position:** \_\_\_\_\_ **Duties:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Name of supervisor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Business Type:** \_\_\_\_\_ **Length of employment:** \_\_\_\_\_

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

**Position:** \_\_\_\_\_ **Duties:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Name of supervisor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Business Type:** \_\_\_\_\_ **Length of employment:** \_\_\_\_\_

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

**Position:** \_\_\_\_\_ **Duties:** \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

**LIST BELOW THREE REFERENCES WHO CAN PROVIDE INFORMATION ABOUT YOUR WORK PERFORMANCE WITHIN THE LAST FIVE YEARS. KINDLY INCLUDE PROFESSIONAL REFERENCES ONLY.**

**Reference #1**

Full Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_

**Reference #2**

Full Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_

**Reference #3**

Full Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE. I UNDERSTAND THAT FALSE INFORMATION WILL BE GROUNDS FOR NOT HIRING ME OR FOR IMMEDIATE DISMISSAL IF I AM EMPLOYED. I AUTHORIZE WCHS TO VERIFY ANY AND ALL INFORMATION LISTED ABOVE. I FURTHER AUTHORIZE AND ACKNOWLEDGE WCHS WILL BE COMPLETING A BACKGROUND CHECK ON ME PRIOR TO EMPLOYMENT.**

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

WCHS Receiving Application: \_\_\_\_\_

Date/Time Received: \_\_\_\_\_