



Interview Date \_\_\_\_\_  
Time \_\_\_\_\_

Departments Considered

Application Date

FOR OFFICE USE ONLY:

Humane Society of Southern Arizona, Inc.  
3450 North Kelvin Boulevard  
Tucson, Arizona 85716

## APPLICATION FOR EMPLOYMENT

### PLEASE READ THE FOLLOWING PRIOR TO COMPLETING THIS APPLICATION:

#### Equal Employment Opportunity policy

It is the policy of the Humane Society of Southern Arizona, Inc. (HSSA) to provide all persons with equal employment opportunities regardless of race, color, citizenship status, national origin, ancestry, gender, sexual orientation, gender identity, age, religion, creed, physical or mental disability, marital status, veteran status, political affiliation, genetic information or any other factor protected by law.

Accuracy and completeness of this form are important factors in determining acceptability for employment with HSSA. Please be neat in completing this form and do so in your own handwriting. If you desire any assistance, please ask one of the Personnel Staff.

You may be requested to take pre-employment tests, submit additional references, participate in additional interviews and/or supply additional information to support your application for employment. All pre-employment inquiries are made for the purpose of establishing your qualifications for employment with the HSSA.

Completion of this application does not assure employment.

#### Conditions Related to Employment with HSSA

- **Drug / Alcohol Testing** - HSSA conducts pre-employment screening for illegal drugs. All offers of employment will be contingent on such screening. Failure to cooperate or pass the required test(s) will result in withdrawal of the employment offer. If hired, you may be asked to submit to random, periodic testing for illegal drugs or testing for alcohol impairment or the presence of illegal drugs upon reasonable suspicion or in the event of a workplace accident. This will be a condition of continued employment. Refusal to submit to an alcohol or drug screen made pursuant to HSSA's drug and alcohol testing policy, which is subject to change at HSSA's discretion, will be considered a voluntary resignation.
- **Criminal Background Check**- If offered employment with HSSA, you will also be required, as a condition of employment, to pass a criminal history check. **Note:** *A conviction of a crime will not be an absolute bar to employment.*
- **Identity / Ability to Work** - If offered employment with HSSA, you will be required, as a condition of employment, to submit proof of identity and legal authorization to work in the United States on your first day of employment.
- **Driver's License / Auto Insurance** - If the position applied for requires driving in the course of work, you will be required to possess a current and valid Arizona driver's license throughout your employment in the position. Any offer of employment is contingent on your ability to be covered by HSSA's auto insurance company, and the rate of such coverage, if required by your position.

Hours/Days Available

Hours / Days Available

FT or PT

Date Available

Last Name / First Name

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
First Middle Initial Last

Is there additional information relative to a change of name, use of an assumed name, or nickname, necessary to permit check of your work or education records? If yes, please explain. \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Primary Telephone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_  
Area Code Number Area Code Number

If you are under 18, do you have a work permit?  Yes  No  N/A

Do you have documentation of authorization to work in the United States?  Yes  No

Have you ever been convicted of a crime?  Yes  No

If Yes, please describe fully the criminal conviction(s), listing the nature of the offense, whether you were charged as a minor or an adult, and your rehabilitation since the conviction(s). (A conviction record will not necessarily be a bar to employment.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you related to any HSSA employee?  Yes  No If Yes, Whom? \_\_\_\_\_

Have you ever applied for a position at HSSA before?  Yes  No If Yes, When? \_\_\_\_\_

Have you ever worked for HSSA before?  Yes  No If yes, When? \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

What position are you applying for? \_\_\_\_\_

How did you learn about us?  Ad  Website  Agency  Friend  Relative Other \_\_\_\_\_

State briefly why you would like to work for HSSA: \_\_\_\_\_

Are you currently employed?  Yes  No If Yes, may we contact your present employer?  Yes  No

What professional training qualifies you for this position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What personal experience qualifies you for this position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE**

If you have served in the United States military service, please state the conditions of your discharge, and any special training or experience you may have received that would assist you in performing the job for which you have applied: \_\_\_\_\_

**HOURS OF WORK**

The following questions relate to the hours you will be available to work.

Please indicate the type(s) of employment you are seeking:  Regular  Temporary  Full Time  Part Time

Many positions at HSSA require availability on the weekend, subject to the applicable anti-discrimination laws and other protections. Applicants who indicate availability that does not correspond with the job posting or job description may not be further considered for the position, except as required by law.

Are you available to work on weekends?  Yes  No If no, please explain: \_\_\_\_\_

Are you available to work overtime hours?  Yes  No

Can you work year-round?  Yes  No If No, please explain: \_\_\_\_\_

What days/evenings are you available to work? \_\_\_\_\_

What hours of the day/evening are you available? \_\_\_\_\_

If offered employment at HSSA, when could you start? \_\_\_\_\_

**PERSONAL REFERENCE**

Name only a mature person of responsibility who has known you for several years but not a former employer, fellow employee, relative or teacher.

Name \_\_\_\_\_  
Full Name Relationship Area Code / Telephone Number

Present Address \_\_\_\_\_  
Street City State Zip

**EDUCATION**

Circle highest grade completed: **1 2 3 4 5 6 7 8** **9 10 11 12** **1 2 3 4** **Degree or Diploma?**  
Grade School High School College  Yes  No

Last school attended: \_\_\_\_\_  
School Name City State

Vocational/Trade Training: \_\_\_\_\_  
School Name City State

**CLERICAL AND OTHER SKILLS** *(Please check any of the following supervisory, clerical and/or computer skills you may have.)*

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Shift Manager | <input type="checkbox"/> Bookkeeping    | <input type="checkbox"/> Keypunch        | <input type="checkbox"/> Microsoft Excel  |
| <input type="checkbox"/> Secretarial   | <input type="checkbox"/> Cashier        | <input type="checkbox"/> Typing          | <input type="checkbox"/> Microsoft Word   |
| <input type="checkbox"/> Crew Lead     | <input type="checkbox"/> Adding Machine | <input type="checkbox"/> Data Processing | <input type="checkbox"/> Microsoft Access |
| <input type="checkbox"/> Other _____   |   |  |   |

Trades/Technical Licenses (specify): \_\_\_\_\_

Do you speak or write any language(s) besides English fluently?  Yes  No

If Yes, which language(s)? \_\_\_\_\_

**EMPLOYMENT HISTORY** (List all previous employers, starting with your present or most recent position -last ten years is sufficient):

Name of Company \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ **Your Position:** \_\_\_\_\_

**Your Duties:** \_\_\_\_\_

**Dates of Employment:** from \_\_\_\_\_ to \_\_\_\_\_

**Starting Rate of Pay:** \_\_\_\_\_ **Ending Rate of Pay:** \_\_\_\_\_

**Reason For Leaving:** \_\_\_\_\_

Name of Company \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ **Your Position:** \_\_\_\_\_

**Your Duties:** \_\_\_\_\_

**Dates of Employment:** from \_\_\_\_\_ to \_\_\_\_\_

**Starting Rate of Pay:** \_\_\_\_\_ **Ending Rate of Pay:** \_\_\_\_\_

**Reason For Leaving:** \_\_\_\_\_

Name of Company \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ **Your Position:** \_\_\_\_\_

**Your Duties:** \_\_\_\_\_

**Dates of Employment:** from \_\_\_\_\_ to \_\_\_\_\_

**Starting Rate of Pay:** \_\_\_\_\_ **Ending Rate of Pay:** \_\_\_\_\_

**Reason For Leaving:** \_\_\_\_\_

**APPLICANT'S STATEMENT**

I acknowledge that I have read and understand the Humane Society of Southern Arizona's Equal Employment Opportunity Policy and Conditions Related to Employment with HSSA on page one of this application.

The information I have provided within is complete and true to the best of my knowledge. I understand the discovery of any misrepresentation herein or omission of facts here from will be cause not to hire me, or for my immediate dismissal if hired.

I understand that all such information is subject to verification by HSSA and I hereby authorize HSSA to investigate my records with my former employers, personal references, motor vehicle history and criminal history, maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application.

I release HSSA and informants from the liability whatsoever resulting from such an investigation.

I understand that any employment offered to me by the Humane Society of Southern Arizona, Inc., will be on a 60-day introductory basis. If I am employed by the Humane Society, I agree to abide by its rules and regulations throughout my employment. I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, I understand that my employment will be at will and either I or HSSA may terminate the employment relationship at any time, with or without cause and with or without notice, except as prohibited by law.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_