



EMPLOYMENT APPLICATION

APPLICANT DATA:

Position Applied For: _____ Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell/Alternate: _____ Email: _____

Date Available: _____ Social Security #: _____ Salary Requirement: _____

You must be 18 years of age to work at HSTB. Are you at least 18 years of age? Yes No

Have you ever worked for this company? Yes No

Are you a citizen of the United States? Yes No

If not, are you legally allowed to work in the United States? Yes No

Fluent in languages other than English? Please list: _____

Type of employment desired: Full-time Part-time Temporary Seasonal

Have you ever pled "guilty", "no contest", or been convicted of a crime? Yes No

If yes, please give the dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license #: _____ State: _____

Who referred you to us? _____

Have you ever volunteered for our organization? Yes No

Summarize your skills or qualifications for this position: _____

REFERENCES:

Please furnish contact information for two people, not related to you, who you have not worked for:

Name: _____ Address: _____

City: _____ Phone #: _____

Name: _____ Address: _____

City: _____ Phone #: _____

EDUCATION:

High school: _____ # of years attended: _____
Did you graduate? Yes No If no, do you have a GED? Yes No GPA: _____
College/University: _____ # of years attended: _____
Did you graduate? Yes No Major: _____ GPA: _____
Other: _____ # of years attended: _____
Did you graduate? Yes No Major: _____ GPA: _____

PREVIOUS EMPLOYMENT:

Dates of Employment: From _____ To _____ Position: _____
Firm: _____ Address: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____
Starting Salary & Title: _____ Ending Salary & Title: _____
Reason for Leaving: _____
May we contact this employer for a reference? Yes No

Dates of Employment: From _____ To _____ Position: _____
Firm: _____ Address: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____
Starting Salary & Title: _____ Ending Salary & Title: _____
Reason for Leaving: _____
May we contact this employer for a reference? Yes No

Dates of Employment: From _____ To _____ Position: _____
Firm: _____ Address: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____
Starting Salary & Title: _____ Ending Salary & Title: _____
Reason for Leaving: _____
May we contact this employer for a reference? Yes No

PLEASE RESPOND THOROUGHLY TO THE FOLLOWING:

1. Occasionally, due to poor health, severe injury or aggressive temperaments, the Humane Society of Tampa Bay is faced is the tragedy of having to euthanize (put to sleep) animals. You must be aware of this, and some job classifications are trained to participate. Explain your feelings and attitudes on this subject.

2. As a representative of the Humane Society of Tampa Bay, you will be working directly with the public on many emotional and controversial subjects. Have you had previous work experience with the public? Please explain.

3. Continuous cleaning and disinfecting of kennels, cattery, shelter and office is necessary daily to ensure the health of the animals and to keep up the appearance of the shelter. Are you willing to accept this as part of your job?

4. We are a not-for-profit corporation and operate on a limited budget. We insist that our staff report to work on time with minimal absenteeism. Would anything prevent you from doing this? Please explain.

(Note: The first ninety days of employment are probationary. During this time, the adoption of an animal by you from the Humane Society of Tampa Bay is prohibited unless authorized by the Executive Director.)

I certify that my answers are true and complete to the best of my knowledge. I authorize The Humane Society of Tampa Bay to make such investigations and inquiries of my personal, employment, education, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. By signing this application, I am stating that I am physically able to perform the duties of the job that I am applying for.

Signature of Applicant: _____ Date: _____

Please mail to: HSTB, 3607 Armenia Ave, Tampa FL 33607

or

Fax to: (813) 876-0765

or

Email to: colleent@humanesocietytampa.org