



## 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

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.

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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.

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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?

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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.

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*(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](mailto:colleent@humanesocietytampa.org)