



Employment Application for the Humane Society of Marion County, Inc. A Drug Free Workplace

We appreciate your interest in employment with the HUMANE SOCIETY OF MARION COUNTY, INC. Our mission is to prevent cruelty, suffering and overpopulation of animals through education, housing, and financial support. Please read this application in its entirety before completing and submitting for consideration.

General:

Name: _____
(LAST) (FIRST) (MI)

Present Address: _____ City/Zip: _____

Phone: _____ Email: _____

Have you ever been employed with us before? Yes ____ No ____ When? _____

What Department? (Shelter or, Store, etc.) _____

Position/s applying for: _____

Salary Expected: _____ per hour Date available: _____

Days Available: Mon Tues Wed Thu Fri Sat Sun

Are you 18 years or older? Yes No

Are you a U.S. citizen/Are you legally authorized to work in the U.S.? Yes No

Do you have your own reliable transportation? Yes No

If no, how will you get to work? _____

Education:

High School

Name _____ Location: _____

Diploma Yes No GED Yes No

Trade, Business or Technical School; College

Name _____ Location: _____

Degree: Yes No Major/Minor Field of Study: _____

Other Training, Certification or Skills: _____

Work Experience:

Please start with most recent position; furnish dates and explanation for each period of employment and unemployment for the past 10 years. Use a separate sheet if necessary.

Employer Name _____	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of employment _____	Rate of pay _____
Address _____	Phone _____
Reason for leaving _____	
Describe Responsibilities _____	
Supervisor's Name and Title _____	

Employer Name _____	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of employment _____	Rate of pay _____
Address _____	Phone _____
Reason for leaving _____	
Describe Responsibilities _____	
Supervisor's Name and Title _____	

Employer Name _____	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of employment _____	Rate of pay _____
Address _____	Phone _____
Reason for leaving _____	
Describe Responsibilities _____	
Supervisor's Name and Title _____	

Employer Name _____	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of employment _____	Rate of pay _____
Address _____	Phone _____
Reason for leaving _____	
Describe Responsibilities _____	
Supervisor's Name and Title _____	

Personal References:

Give the names of three (3) people you have known at least 1 year, NOT: related to dating or living with you.

Name	City/State	Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Background Information:

Have you ever been arrested? Yes No *If yes:*

What were the charges? _____

Where: _____ When _____

Have you ever been convicted of a crime? Yes No *If yes:*

What were the charges? _____

Where: _____ When _____

Have you ever pled Nolo Contendere or guilty to a crime? Yes No *If yes:*

What were the charges? _____

Where: _____ When _____

Note: A "YES" answer to these questions will not automatically disqualify you from employment. Severity and offence in relation to the position are considered.

In case of emergency notify: Name _____
 Relationship _____ Phone _____

Background Checks

The Humane Society of Marion County conducts a background investigation as part of the pre-employment screening on all applicants being considered for employment including, but not limited to, criminal records, Department of Motor Vehicles check, employment and personal references, education, and certifications. We reserve the right to utilize this information in any manner we believe necessary to decide of employment. Under the guidelines of several government agencies, you are entitled to review and if necessary, dispute the accuracy of these reports.

Drug Testing

It is our policy to maintain a work environment free of controlled substances and the use of illegal drugs and/or alcohol. As a condition of employment, the Humane Society of Marion County utilizes applicant drug screening. Any offer of employment is conditional upon the drug screen results. Refusal to submit to drug screening will result in ineligibility for employment.

Falsification of Information

False or misleading information provided on the application, during the interview process, or in any employment paperwork may result in the rejection of your application or may be grounds for termination.

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omission, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration for my employment, I agree to conform to the Humane Society of Marion County’s rules and regulations, and I agree that my employment and compensation may be terminated, with or without cause, and with or without notice, at any time, at either my or the Humane Society’s discretion. I also understand and agree that the terms and conditions of my employment may be changed with or without cause, and with or without notice, at any time by the Humane Society. I understand that the Humane Society is a drug free workplace and that if a consideration of employment is offered me, I will be required to submit and pass a drug screen before actual employment.”

 Signature of Applicant _____
 Date

OFFICE USE ONLY	
Date of Interview: _____	Interviewed By: _____
Remarks _____	
Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: _____ Starting Rate of Pay: _____
Orientation Date: _____ Given by: _____	
Comments: _____	



Humane Society of Marion County Request for Criminal Background Check

Date: _____

From: Humane Society of Marion County
701 NW 14th Road Ocala FL 34475

Phone: 352-732-8424 Fax: 352- 732-3449 Email: web@humanesocietyofmarioncounty.com

Applicant / Employee Information

How Long Have You Resided in Marion County? _____

If Less Than 5 Years: Prior Address/s to include State, County, and dates:

Full Legal Name: _____
Last First Middle

Maiden Name / AKA _____

Date of Birth: _____ Social Security Number: _____

Authorization

I hereby authorize the Humane Society of Marion County, Inc. to investigate my background to verify information given within my application. I understand this may be inclusive of criminal, driving records and or credit records, it is understood this information will be used solely to determine my employability and will remain confidential.

Signature: _____ Date: _____

Witness: _____ Date: _____

(Humane Society Representative)



PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE

(This certificate becomes part of the active employee's personnel file)

I hereby consent to submit to urinalysis and/or other tests as shall be determined by the Humane Society of Marion County, Inc. in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that **Doctors Lab** may collect specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the company.

I further agree to hold harmless the company and its agents (including the above-named physician or clinic) from any liability arising in whole or in part out of the collection of specimens, testing, and use of the information from said testing in connection with the company's consideration of my application of employment.

I further understand that upon commencement of employment with the company I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen, may result in immediate suspension or discharge.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Printed Name _____

Applicant Signature _____

Date _____ SS# _____

Humane Society Representative

Witness Printed Name _____

Witness Signature _____

Date _____