



BETTERTOGETHER  
ANIMAL ALLIANCE

# Employment Application

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE  
ALL APPLICANTS MUST PASS A BACKGROUND CHECK AND ARE SUBJECT TO DRUG TESTING**

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
LAST, FIRST MIDDLE

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you over 18 years old? Yes  No  Seeking: Full-Time  Part-Time

Position(s) applying for? \_\_\_\_\_

Available start date? \_\_\_\_\_ Desired pay wage? \_\_\_\_\_

Have you applied here before? Yes  No  If yes, when? \_\_\_\_\_

Were you employed here? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation? Yes  No

Include any plea of "guilty" or "no contest." Exclude minor traffic violations.

If yes, give details: \_\_\_\_\_

(A conviction will not necessarily disqualify an applicant for employment.)

LIST NAME AND CITY OF SCHOOLS	Number of Years Completed	Diploma/Degree/Certificate	Subjects Studied
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High School or GED: \_\_\_\_\_

College or University: \_\_\_\_\_

Vocational or Technical: \_\_\_\_\_

What skills or additional training do you have that relate to the job for which you are applying? \_\_\_\_\_

What machines or equipment can you operate that relate to the job for which you are applying? \_\_\_\_\_

List names of employers in consecutive order with present employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.  
 Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR) FROM: TO:
CITY, STATE, ZIP CODE	PAY: START: \$ FINAL: \$
SUPERVISOR(S)	TELEPHONE

Reason For Leaving

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR) FROM: TO:
CITY, STATE, ZIP CODE	PAY: START: \$ FINAL: \$
SUPERVISOR(S)	TELEPHONE

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SUPERVISOR(S)	TELEPHONE

Reason For Leaving

Have you worked or attended school under any other names? Yes  No

If yes, give names: \_\_\_\_\_

Are you presently employed? Yes  No

If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign? Yes  No

If yes, please explain: \_\_\_\_\_

Give three references, not relatives or former employers.

Name	Phone Number
_____	_____
_____	_____
_____	_____

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete.

I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I will also need to provide two form of personal ID (ex: driver's license, social security card, passport, etc.)

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.

I have read, understand, and by my signature consent to these statements.

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

This application for employment will remain active for a limited time. Ask the organization's representative for details.