

OKTIBBEHA COUNTY HUMANE SOCIETY

APPLICATION FOR EMPLOYMENT

The OCHS does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, handicap or veteran status, or on the basis of age against persons whose age is over forty. No question on this application is intended to secure information to be used for such discrimination.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Unless the applicant's background is acceptable to a surety company, the OCHS will be unable to offer employment.

Your application is active for ninety (90) days. If you have not been offered employment by the OCHS during that time and wish to continue to receive consideration, it will be necessary for you to complete a new application.

PLEASE READ BEFORE SIGNING. If you have any questions regarding this statement, please ask an employment interviewer before signing.

In the event of my employment to a position with the OCHS, I will comply with all rules and regulations as set forth by the OCHS.

I certify that I will not smoke or consume alcohol on the premises or neighboring premises (smoking allowed only inside designated areas) and I am not using any illegal drug (drug-free) and that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that falsification of this application constitutes reason for rejection and also grounds for termination of employment.

If you become employed by the OCHS, you may terminate your employment at any time by submitting in writing a two (2) week notification. The OCHS can terminate your employment at any time, with or without cause, and without notice.

Applicant's Signature

PLEASE COMPLETE THE ENTIRE APPLICATION AND EMAIL TO CAREER@OCHSMS.ORG.

Please answer every question.

DATE _____

(First) (Middle) (Last)

Address _____
(Number) (Street) (apt #) or (P.O. Box)

(Telephone Number)

(City) (State) (Zip Code)

(E-Mail Address)

(Time at this Address)

List previous addresses, if address changed during the past five years.

No. Street City State From (Date) To

No. Street City State From (Date) To

Check type of employment desired: _____ Full Time _____ Part Time

Type of work desired _____ Salary requirements _____

How were you referred to us ? _____ Date available for work _____

Own valid driver's license? Yes No Are you legally authorized to work in the U.S. ? _____

EMPLOYMENT RECORD

1. _____ From _____ To _____
Company Name Telephone dy/mo/yr

Address May we Contact? Yes No

Job Title Starting Salary \$ _____ per _____

Name of Last Supervisor Final Salary \$ _____ per _____

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Describe major Duties _____

Reason for Leaving _____

USE BACKSIDE OF PAGE IF EXTRA SPACE IS NEEDED

2. _____ From _____ To _____
Company Name Telephone

_____ May we Contact? _____ Yes _____ No
Address

_____ Starting Salary \$ _____ per _____
Job Title

_____ Final Salary \$ _____ per _____
Name of Last Supervisor

Describe major Duties _____

Reason for Leaving _____

USE BACKSIDE OF PAGE IF EXTRA SPACE IS NEEDED

3. _____ From _____ To _____
Company Name Telephone

_____ May we Contact? _____ Yes _____ No
Address

_____ Starting Salary \$ _____ per _____
Job Title

_____ Final Salary \$ _____ per _____
Name of Last Supervisor

Describe major Duties _____

Reason for Leaving _____

USE BACKSIDE OF PAGE IF EXTRA SPACE IS NEEDED

ADD ADDITIONAL SHEETS FOR ADDITIONAL EMPLOYMENT.

If presently employed, why do you desire to change your position? _____

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PERSONAL REFERENCES

List three professional references.

	Name, Address, and Telephone Number	Relationship	How Long
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

UNEMPLOYMENT RECORD

Accounts for all periods of unemployment of 2 weeks or more since you left school until the present.

1. From _____ To _____ Reason _____
2. From _____ To _____ Reason _____
3. From _____ To _____ Reason _____

SKILLS INVENTORY

1. Software Packages in which you are skilled _____

2. List Other Skills _____

EDUCATION

High School _____ City _____ State ____ Year Graduated or GED _____

College _____ Major _____ Years Completed _____ Degree __ Yes __ No

Are you planning on pursuing further studies? ____ Yes ____ No; ____ Day School ____ Night School

If so, what days and hours would you be available to work ? _____

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GENERAL INFORMATION

Use the space below to describe your interest in animals and working with people and the skills and aptitudes that you feel qualify you for a position with the OCHS. (You may wish to include civic and community activities in which you participate, hobbies, sports, and special training that you consider relevant to your ability to perform your job.) If you need more space, please continue on a separate sheet.

Have you ever been arrested for a crime? ___ Yes ___ No

If yes, please explain _____
USE BACKSIDE OF THIS PAGE IF ADDITIONAL SPACE IS NEEDED

AUTHORIZATIONS AND WAIVERS

To induce the OCHS to consider my application for employment, I do hereby authorize any police department, sheriff’s office or governmental agency to release any confidential or privileged information concerning my past activities to the Board of Directors of the OCHS.

I do hereby authorize officials at any High School, College, University or other institution of learning to release any information concerning my attendance, academic accomplishments and disciplinary record at such institution to the Board of Directors of the OCHS.

Additionally, I do hereby authorize any former employer to release any information regarding my employment, attendance, performance, or any other information needed for the OCHS to favorably consider my application for employment.

AUTHORIZATION AND DISCLOSURE ACKNOWLEDGEMENT

Pursuant to my application for employment, I understand that a routine inquiry may be made by the OCHS which will provide information on my character, general reputation, personal characteristics and mode of living, and I hereby authorize same.

I hereby acknowledge that I have read and understand the above statements.

DATE _____ APPLICANT’S SIGNATURE _____