

PENDER COUNTY HUMANE SOCIETY

PO Box 626, Burgaw, NC 28425 email: penderhumane@yahoo.com fax: (910) 259-2266

Application for Employment

Non-Discrimination Policy: PCHS is committed to the principle of equal opportunity in employment and does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity gender expression, veteran status, or disability.

PERSONAL INFORMATION:

First Name: _____ **Last Name:** _____

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Position Sought: _____ **Available Start Date:** _____

Have you ever been employed here before? Yes _____ No _____

If yes, when? _____

Have you or any family member/relative ever been accused of animal cruelty? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____

EDUCATION:

Education Level	Name, City and State of Institution	Number of Years Completed	Major/Subjects of Study
High School			
College/University			
Other Education Training			

COMPUTER LITERACY/PROFICIENCY (Check those computer skills with which you are proficient)

PC User: _____ **Mac User:** _____ **Windows:** _____ **MS Word:** _____

MS Excel: _____ **MS PowerPoint:** _____ **Email** _____ **MS Publisher:** _____

Internet: _____ **Web Page Design/Maintenance:** _____ **Other:** _____

Describe any special skills or proficiencies that may contribute to your ability in performing the position sought:

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PREVIOUS EXPERIENCE (Please list beginning with most recent)

Dates Employed	Company Name	City/State	Title/Role

Duties, tasks performed and reason for leaving:

Dates Employed	Company Name	City/State	Title/Role

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Dates Employed	Company Name	City/State	Title/Role

Duties, tasks performed and reason for leaving:

I understand that I may be subject to a background check and authorize PHS to investigate my background, and also that I may be required to undergo a pre- or post-employment drug test. I certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job.

My signature on this form or the electronic submission of this form certifies that the information on this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Signature: _____ **Date:** _____
(or type name)