

# Humane Society of Huron Valley Application for Employment

(Please Print)

## I. General Information

Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Telephone No. \_\_\_\_\_

Present Address \_\_\_\_\_ City State Zip Code

Position Desired \_\_\_\_\_ Pay Desired \_\_\_\_\_

If hired, can you provide the documents required to prove that you are legally able to work in the U.S.?  Yes  No

Please provide any special information we may need about your name or use of another name for us to able to check your work record and otherwise verify the information given in this Application. \_\_\_\_\_

If under age 18, please state your age. \_\_\_\_\_

Have you filed an application here before?  Yes  No If yes, give date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give dates: \_\_\_\_\_

Are any of your relatives current or former employees of the HSHV?  Yes  No

Are you employed now?  Yes  No If so, may we contact your current employer?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work full-time?  Yes  No Part-time?  Yes  No

Are you on a lay-off and subject to recall?  Yes  No

Have you ever been convicted of a crime or are there any felony charges pending against you?  Yes\*  No

If yes, please explain. \_\_\_\_\_

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\* *A yes response does not automatically disqualify a job applicant from further consideration. Each situation is evaluated relative to the job being sought. Factors such as the age and nature of the offense, and rehabilitation, will be taken into account.*

Have you ever been fired or asked to resign from any job?  Yes  No If yes, please explain. \_\_\_\_\_

Can you perform all of the job functions of the position(s) for which you are applying, with or without a reasonable accommodation?  Yes  No

If you served in the U.S. Armed Forces, please indicate:

Branch of Service \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Date of discharge \_\_\_\_\_ Was your discharge "dishonorable"?  Yes  No

Describe your duties and any special training. \_\_\_\_\_

In case of an emergency, we should notify:

\_\_\_\_\_ Name Address Phone No.

## II. References

Give the name of three persons not related to you, whom you have known at least one year.

Name	Address & Phone No.	Employer & Title	Years Acquainted

## III. Education

	Name & Location of School	Major Subject(s) Studied	Years Attended (for verification purposes, only)	Graduated? (Yes or No)	Degree, Diploma or Certificate and Year Obtained
High School					
Technical Training					
College					
Other					

\*\* *The need for an accommodation does not necessarily bar employment. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the positions and the hardship it would impose on the employer.*

### IV. Employment History

Start with present and also list all previous employment. *(Use separate sheet if necessary.)* Start with present employment and work back.

Dates (Month and Year)	Employer's Name, Address & Phone Number	Supervisor's Name & Title	Positions	Salary (Starting & Ending)
From				
To				
<i>Reason for Leaving:</i>				
From				
To				
<i>Reason for Leaving:</i>				
From				
To				
<i>Reason for Leaving:</i>				
From				
To				
<i>Reason for Leaving:</i>				
From				
To				
<i>Reason for Leaving:</i>				

May we contact the employers listed above?       Yes  No

If not, indicate which one(s) you do not wish us to contact: \_\_\_\_\_

### V. Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience, as well as how you believe they would be of value to the HSHV. Please specify your publications, research and engineering-related experience, if applicable. Also, please specify your knowledge of computers and software which you believe may be of value to the HSHV.

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## Authorization and Understanding

I certify that information given in this Application and related documentation is true and complete without qualification. I understand that the Human Society of Huron Valley (the "HSHV") may investigate my work and personal history and verify all data given on this Application, on related papers, and in interviews, and I authorize the HSHV to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references or former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that the HSHV is entitled to rely on the representations made by me in the hiring process, and therefore I understand and acknowledge that any misrepresentation or omission of fact by me can result in immediate discharge if deemed appropriate by the HSHV.

I also understand and acknowledge that, to the extent I am employed by the HSHV in any position, my employment and compensation is and will be at the will of the HSHV, and can be terminated, with or without cause, and with or without notice, at any time at the option of either the HSHV or myself. I further understand and agree that no manager, representative, agent or employee of the HSHV, other than its Executive Director, and then only as specifically authorized by HVHS's Board of Directors, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time, or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the Executive Director of the HSHV, in order for it to be effective.

Furthermore, I agree that if I become employed by the HSHV, then in consideration for my employment I will not commence any action, including any administrative claim or suit, against the HSHV or its agents more than one year after the date of the event giving rise to said action(s), including but not limited to any action which in any way relates to my employment and/or termination of my employment, and I hereby waive any statutes of limitations to the contrary.

I further understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include tests for drugs and/or alcohol) at the HSHV's discretion and expense.

Applicant's Signature \_\_\_\_\_ Dated: \_\_\_\_\_

### Please Read

This application will only be considered for the 60 calendar day period after its receipt by the HSHV. Should you wish to be considered after the expiration of this period, you must reapply.

The HSHV is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of such factors as race, color, age, sex, national origin, religion, citizenship, handicap, height, weight and marital status. Under the Persons With Disabilities Act and the federal Americans With Disabilities Act, an employer has a legal obligation to accommodate an employee's or job applicant's disability unless the accommodation would impose an undue hardship on the employer. A person with a disability may allege a violation against an employer regarding a failure to accommodate his or her condition under Michigan law only if the person notifies the employer in writing of the need for accommodation within 182 days after the date the person knew or reasonably should have known that an accommodation was needed.

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Do Not Write Below This Line

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

Hired \_\_\_\_\_ Position \_\_\_\_\_ Will Report \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_