



EMPLOYMENT APPLICATION

Please complete each section of the application. Missing information can disqualify your application from consideration for employment.

Date of application: _____

Position desired: _____

Days and hours NOT available to work: _____

Note that some jobs at HSWC require employees to work on weekends and holidays, as our animals have daily needs that must be met.

Name: _____

Do you have a nickname you prefer? _____ Are you 18 years of age or older? Yes No

Address: _____ City: _____

State: _____ ZIP Code: _____ Phone number: _____

Email address: _____ Wage/salary desired: _____

Do you have a current, valid driver's license (*this is required for some positions*)? Yes No

How did you hear about this position? _____

Have you ever been interviewed by HSWC before? Yes No

If yes, when and for what position? _____

Have you ever worked or volunteered for HSWC before? Yes No If yes, when and what position: _____

EDUCATION

TYPE OF SCHOOL	SCHOOL & ADDRESS	YEARS COMPLETED	DEGREE OR DIPLOMA AWARDED?	GPA	MAJOR/MINOR
High School					
College/University					
Other training					



EMPLOYMENT HISTORY

Start Date:	NAME & ADDRESS OF EMPLOYER	JOB DETAILS
_____	_____	Duties: _____
Month & Year	_____	_____
End Date:	_____	_____
_____	_____	Job Title: _____
Month & Year	Were you disciplined? (Warning, Suspension, Discharge?)	Name of Supervisor: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details:	Starting rate of pay: _____
		Final rate of pay: _____
Start Date:	NAME & ADDRESS OF EMPLOYER	JOB DETAILS
_____	_____	Duties: _____
Month & Year	_____	_____
End Date:	_____	_____
_____	_____	Job Title: _____
Month & Year	Were you disciplined? (Warning, Suspension, Discharge?)	Name of Supervisor: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details:	Starting rate of pay: _____
		Final rate of pay: _____
Start Date:	NAME & ADDRESS OF EMPLOYER	JOB DETAILS
_____	_____	Duties: _____
Month & Year	_____	_____
End Date:	_____	_____
_____	_____	Job Title: _____
Month & Year	Were you disciplined? (Warning, Suspension, Discharge?)	Name of Supervisor: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details:	Starting rate of pay: _____
		Final rate of pay: _____



PROFESSIONAL REFERENCES (List three persons who are not related to you) Please complete and sign the Pre-employment Inquiry Form that is part of this application.

NAME OF PERSON	KNOWS YOU FROM?	ADDRESS & PHONE NUMBER

WHY DO YOU WANT TO WORK FOR THE HUMANE SOCIETY OF WASHINGTON COUNTY?

SOME FINAL QUESTIONS

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status? (e.g., H-1B status?) Yes No



EEO STATEMENT – HSWC’s Commitment to Equal Opportunity

The Humane Society of Washington County (HSWC) does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

Please carefully read the statements below and provide your signature that you understand these statements!

MARYLAND STATE LIE DETECTOR NOTICE – Please read the below and sign/date.

“UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.”

Signature

Date

I certify that all the information submitted by my on this application is true, accurate, and correct. I understand that if any false information, omissions, or misrepresentations are discovered, my application will be rejected and if I am employed that my employment will be terminated.

Signature

Date

Pre-Employment Inquiry

Authorization

“I authorize the Humane Society of Washington County to obtain information about me from my previous employers, school, and military sources. I authorize my previous employers, schools I have attended, and military sources to disclose to the Humane Society of Washington County such information about me as the Humane Society of Washington County may request.”

Print Full Name: _____

Signature: _____

Your email address: _____

Social Security Number: _____

Birth Date: _____

Today's Date: _____

Gender: Female Male