

13011 Maugansville Road Hagerstown, MD 21740 Phone 301-733-2060

Application for Employment

We are an Equal Opportunity Employer.
We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability or any other protected status or characteristic. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Date of Application: _						
Days and Hours NOT	Available:					
Name:	Are you 18 years or older?					
Address:						
City:	State: Zip Code:					
Phone Number:	Cell Nu	mber:				
	How did you hear about					
If you are currently er	nployed, may we contact your employer?_					
Have you ever applied	mployed, may we contact your employer? If yes, when? dor been interviewed here before? If yes, when?					
Have you ever worked	d or volunteered for the HSWC before?	or volunteered for the HSWC before? If yes, when?				
Education						
Education	School & Location	Years of	H.S	GPA	Major/	
	School & Location	completion		OI / I	Minor	
		Completion	Or GED		1,11101	
High School						
College						
O41 T:-:						
Other Training Skills						
SKIIIS						
	I			1		
Have you ever been	n convicted of a crime?	If ves. please	explain:			
(The existence of a	criminal conviction does not constitute an	automatic bar	to employn	nent.		
Convictions will or	nly be considered in relation to specific job	requirements.)				
Are you legally aut	horized to work in the United States?					
	the future require sponsorship for employ					

Employment

Month & Year	Name and address of employer	
Start Date:		Duties:
Zuic.		Job Title: Reason for leaving:
End Date:		_ Name of Supervisor:
	Were you disciplined (Warning, Suspension, Discharge)?	May we contact company for reference:
	Account for period between jobs:	Starting rate of pay: Final rate of pay:
Start Date:		Duties:
Date.		Job Title: Reason for leaving:
End Date:		Name of Supervisor:
	Were you disciplined (Warning, Suspension, Discharge)?	May we contact company for reference:
	Account for period between jobs:	Starting rate of pay: Final rate of pay:
Start Date:		Duties:
		Job Title: Reason for leaving:
End Date:		_ Name of Supervisor:
	Were you disciplined (Warning, Suspension, Discharge)?	May we contact company for reference:
	Account for period between jobs:	Starting rate of pay: Final rate of pay:

Professional References-List three people, who are not relatives:					
Name	Knows you from	Address and/or Phone Number			
Why are you interested in wo	orking with the Humane Society of Wa	ashington County?			
This application will be kep	et on file for 60 days.				
	·				
After reviewing the job desc	cription is there any reason that you feel	you can't do this job?			
		-			
I certify that all the informa	tion submitted by me on this application	is true and correct, and I understand that if any			
		ny application will be rejected and if I am			
employed that my employm	ent will be terminated.				
Signature of Applicant:		Date:			