

OSHKOSH AREA HUMANE SOCIETY, INC.
Employment Application

The Oshkosh Area Humane Society, Inc. (OAHS) is an Equal Employment Opportunity Employer and fully subscribes to the principles of Equal Employment Opportunity. Our policy is to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, handicap or any other basis prohibited by Federal or State law. As an Equal Employment Opportunity Employer, we intend to comply fully with all Federal and State laws and the information requested on this application will not be used for any purpose prohibited by law.

PLEASE PRINT CLEARLY-BE SURE TO SIGN THIS APPLICATION

Date: _____ Date of Birth _____

Name: _____

Address: _____

Home/Cell Phone No. _____ Business Phone No. _____

Have you ever applied for employment with OAHS? _____ No _____ Yes

Who referred you to us? _____

Name of friends or relatives employed by us:

Name: _____ Relationship to You: _____

Name: _____ Relationship to You: _____

Position Applied For: _____

Do You Want: _____ Part-Time Employment _____ Full-Time Employment

If part-time, what days and hours are you available to work? _____

Pay Expected: _____ Date Available to Start: _____

Do you have a valid, unrestricted Wisconsin Driver's License? _____ No _____ Yes

License Number: _____

Do you consider yourself to be computer literate: _____ No _____ Yes

What programs are you familiar with? _____

Do you type? _____ No _____ Yes

Have you had any previous supervisory experience? _____ No _____ Yes

Explain _____

Are you willing to submit to random drug and/or alcohol testing? _____ No _____ Yes

EDUCATION

Name/Location	Years Completed	Course of Study/Degree
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High School _____

College _____

Other _____

List any special skills or qualifications: _____

EMPLOYMENT HISTORY

Current Employer: _____

Address: _____

Phone No.: _____ Current Supervisor _____

May we contact employer? _____ Yes _____ No Current Wage: _____

Employed From _____ to _____. Reason for Leaving: _____

Position and Responsibilities: _____

Previous Employer: _____

Address: _____

Phone No.: _____ Current Supervisor _____

May we contact employer? ___Yes ___No Current Wage: _____

Employed From _____ to _____. Reason for Leaving: _____

Position and Responsibilities: _____

Previous Employer: _____

Address: _____

Phone No.: _____ Current Supervisor _____

May we contact employer? ___Yes ___No Current Wage: _____

Employed From _____ to _____. Reason for Leaving: _____

Position and Responsibilities: _____

REFERENCES

Name: _____ Phone No.: _____

Address: _____

Name: _____ Phone No.: _____

Address: _____

I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, and any other sources of information which may be relevant to my application for employment. I hereby release them and their organizations from all liability for any damage whatsoever for issuing same. It is understood and agreed that any misrepresentation by me in this application to be completed and signed by me will be sufficient reason for dismissal at any time during my employment, without liability to OAHS. If employed, I agree to abide by all of the work and safety rules of OAHS. I further understand that no representative of OAHS has the authority to enter into any agreement for employment for any specified period of time and that OAHS is not guaranteeing employment to anyone. I understand and agree that if hired, I will be an employee at will, subject to termination at any time and for any legal reason. I agree and understand that no employment contract is created by virtue of my being hired by OAHS.

Signature: _____ Date: _____