

**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 AND BE SURE TO SIGN THIS APPLICATION**

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Full Name: \_\_\_\_\_ Are you 18 years of age or older? Y N

Address/City/Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you ever applied for employment with OAHS in the past? Yes No

Were you referred to us by someone? Yes No If yes, who? \_\_\_\_\_

If a family member has worked for OAHS, please list their name(s) \_\_\_\_\_

Are you looking for part-time or full-time employment? Part-Time Full-Time

What days and hours are you available to work?

Day	Times Available	Day	Times Available
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

Pay Expected: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

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

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

## EDUCATION

Please indicate the highest level of education completed (circle one):

High School    2-year Associate Degree    4-year College Degree    Other: \_\_\_\_\_

List any special skill/education/qualifications which apply to the position you are applying for:

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## EMPLOYMENT HISTORY

Current Employer: \_\_\_\_\_ Wage: \_\_\_\_\_

Position: \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor E-mail: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer?    Yes    No

Previous Employer: \_\_\_\_\_ Wage: \_\_\_\_\_

Position: \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor E-mail: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer?    Yes    No

**\*Please also attach/send your resume if you have additional applicable employment or other experience.**

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: \_\_\_\_\_

2/29/2024