



STAFFORD SPCA EMPLOYMENT APPLICATION

Today's Date:
/ / 20

www.StaffordSPCA.org • Office (540) 657-7387 • Fax (866) 522-8042 • Email Info@StaffordSPCA.org • 140 Andrew Chapel Rd, Stafford VA 22554

PERSONAL INFORMATION - Provide ALL applicable information:

NAME (Last, First, Middle)			DATE OF BIRTH / /	
STREET ADDRESS			CITY	
COUNTY	STATE	ZIP	SSN - -	
CELL PHONE ()	HOME PHONE ()		EMAIL	
POSITION(S) APPLIED FOR	<input type="checkbox"/> FT <input type="checkbox"/> PT	DESIRED SALARY - RATE OF PAY \$ / PER	DATE YOU CAN START EMPLOYMENT / / 20	

PLEASE INDICATE HOURS / DAYS OF AVAILABILITY:

SUN.	<input type="checkbox"/> ANY	MON.	<input type="checkbox"/> ANY	TUES.	<input type="checkbox"/> ANY	WED.	<input type="checkbox"/> ANY	THUR.	<input type="checkbox"/> ANY	FRI.	<input type="checkbox"/> ANY	SAT.	<input type="checkbox"/> ANY
	-		-		-		-		-		-		-
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH OUR COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO										REFERRED BY			
IF YES, WHEN? _____										WERE YOU HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE A CURRENT DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO					STATE OF ISSUE _____								
DO YOU HAVE YOUR OWN RELIABLE VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO					ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO								

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

If **yes**, please explain on page #2. Virginia Law requires, under Code Section **3.2-6548** that no director, operator, staff or caregiver of any Shelter (SPCA, Humane Society, etc.) may have been convicted of animal cruelty, neglect or abandonment. The Stafford SPCA will not employ persons who are registered sex offenders (RSOs) or those convicted of crimes against women, children or animals. A criminal record will not necessarily be a bar to employment, provided it is fully disclosed at time of application. Factors such as age at the time of the offense, seriousness of the charge, nature of the offense and rehabilitation will be taken into account.

EMPLOYMENT HISTORY List below your last three employers, starting with the most recent one first:

PRESENT OR LAST POSITION		NAME OF COMPANY			FROM MO/YR /	TO MO/YR /
EMPLOYER'S STREET ADDRESS			CITY		STATE	ZIP
DUTIES			REASON FOR LEAVING			
STARTING SALARY/PAY \$ /	FINAL SALARY/PAY \$ /	BONUS \$ /	COMMISSION \$ /	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE AND DEPARTMENT OF SUPERVISOR			PHONE NUMBER OF SUPERVISOR ()	
PREVIOUS POSITION		NAME OF COMPANY			FROM MO/YR /	TO MO/YR /
EMPLOYER'S STREET ADDRESS			CITY		STATE	ZIP
DUTIES			REASON FOR LEAVING			
STARTING SALARY/PAY \$ /	FINAL SALARY/PAY \$ /	BONUS \$ /	COMMISSION \$ /	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE AND DEPARTMENT OF SUPERVISOR			PHONE NUMBER OF SUPERVISOR ()	
PREVIOUS POSITION		NAME OF COMPANY			FROM MO/YR /	TO MO/YR /
EMPLOYER'S STREET ADDRESS			CITY		STATE	ZIP
DUTIES			REASON FOR LEAVING			
STARTING SALARY/PAY \$ /	FINAL SALARY/PAY \$ /	BONUS \$ /	COMMISSION \$ /	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE AND DEPARTMENT OF SUPERVISOR			PHONE NUMBER OF SUPERVISOR ()	

EDUCATION INFORMATION:

School Level	Name & Location	# of Yrs.	Graduated	Year Graduated	Subjects Studied
HIGH SCHOOL			Y / N		
COLLEGE			Y / N		
GRADUATE SCHOOL			Y / N		
OTHER			Y / N		

PROFESSIONAL REFERENCES Please provide 3 non family references that can verify your qualifications:

Name	Occupation	Address/Phone	Relationship	Known Since

LIMITATIONS Include any physical limitations, injuries, allergies & medical conditions, or phobias that may interfere with your duties:

ADDITIONAL COMMENTS Use the space below to note any additional skills or experiences that further qualify you for the position:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

- In consideration of my employment, I agree to abide by the policies and procedures of the Stafford SPCA. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed "at will" and that the terms and conditions of my employment and compensation can be changed or terminated with or without cause, and with or without notice, at any time. I understand that no company representative, other than the President, and then only in writing, and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or make any agreement for employment contrary to the forgoing.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statements, or omission of facts, on this application, or during the interview process, will result in my application being rejected, or, if I am hired, my employment being terminated and the risk of prosecution.
- I also understand that the Stafford SPCA is an Equal Opportunity Employer, that administers all of its employment policies in a nondiscriminatory manner. I specifically authorize the Stafford SPCA to investigate my criminal and personal background, including any and all references, and release and hold the Stafford SPCA harmless from any and all claims, causes of action, damages, obligations or liabilities arising out of its investigation of my application for employment. I also authorize the Stafford SPCA to perform a credit check on me, and I am aware that the results may influence any hiring decisions.
- I authorize the references listed above, and any others contacted, to give the Stafford SPCA any and all information concerning my previous employment, and other pertinent information that they may have, personal or professional, and I release all parties from any liability and from any damage that may result from furnishing that information to the Stafford SPCA.
- I understand that the Stafford SPCA collects my date of birth and social security number for the purpose of performing accurate criminal back ground checks and credit checks, and I expressly authorize the Stafford SPCA to do so. I understand that the Stafford SPCA does not discriminate against employment based on age.

DATE / / 20	SIGNATURE		
INTERVIEW DATE / /	TIME :	MGR'S PRESENT	
RESULTS			
HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION	START DATE	PAY \$