

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

PERSONA	L INFO	RMATION	l - Pro	ovide ALL	applica	ble inform	nation:							
NAME (Last, First,										DATE OF	BIRTH			
											/	/		
STREET ADDRES	<u> </u>							CITY	<u>'</u>					
COUNTY				STATE			ZIP	•		SSN				
											-	-		
CELL PHONE				HOME PH	ONE		'		EMAIL					
()				()									
POSITION(S) APP	LIED FOR				□ FT	1 .	_	- RATE OF P	'ΑΥ	DATE YO	U CAN STAF		OYMENT	
					□ PT	\$	/	PER			/	/ 20		
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IF YES, WHEN?						OU HIRED?	□ YE	S 🗆 NO						
DO YOU HAVE A C	URRENT DR	RIVERS LICENS	SE? [YES D	NO	STATE O	F ISSUE							
DO YOU HAVE YO	UR OWN RE	LIABLE VEHICI	LE? I	□ YES □	NO			Y AUTHORIZI		RK IN THE I	JNITED STA	TES? I	□ YES [□ NO
HAVE YOU EVER	BEEN CONVI	ICTED OF A CR	RIME OT	HER THAN	A MINOR 1	TRAFFIC VI	OLATION?	?	□ NO					
If yes , please expl	ain on page #	2. Virginia Law	requires,	under Code	e Section 3	3.2-6548 th	at no direc	ctor, operator,	staff or care					
etc.) may have bee														
such as age at the														
EMPLOYM	ENT HIS	STORY Li	ist belo	w your la	st three	employer	s, startir	ng with the	most rec	ent one f	irst:			
PRESENT OR LAS					COMPAN'					FROM MO		то мо	/YR	
EMPLOYER'S STF	EET ADDRE	99		<u> </u>		CITY				STATE	/	ZIP	/	
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STARTING SALAR	Y/PAY	FINAL SALAF	RY/PAY		BONUS			COMMISS	SION		MAY WE CO	NTACT Y	OUR SUPER	RVISOR?
\$	/	\$	/		\$ / \$			/	□ YES □ NO					
NAME OF SUPER	/ISOR				TITLE AN	ID DEPARTI	MENT OF	SUPERVISO	R		PHONE N	UMBER	OF SUPE	RVISOR
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\$	/	\$	/		\$	/		\$	/		☐ YES I			
NAME OF SUPER	/ISOR				TITLE AN	ID DEPARTI	MENT OF	SUPERVISO	PR		PHONE N	UMBER \	OF SUPE	RVISOR
					1						11	J		

School Level		Name & Loca	ation	# of Yrs.	Graduated	Year Graduated	Subjects S	tudied
HIGH SCHOOL					Y / N			
COLLEGE					Y / N			
GRADUATE SCHOOL					Y / N			
OTHER					Y / N			
PROFESSION	IAL REFE	ERENCES	Please provide	3 <u>non</u> family	y references th	at can verify your o	ualifications:	
Name			ccupation		Address/F		Relationship	Known Since
ADDITIONAL	COMME	NTS Use the	e space below to n	ote any add	itional skills or e	experiences that furt	her qualify you for t	the position:
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MGR'S PRESENT

START DATE

PAY\$

TIME

POSITION

INTERVIEW DATE

☐ YES ☐ NO

RESULTS

HIRED