



ESCONDIDO

HUMANE SOCIETY

PO Box 460249

Escondido, CA, 92046-0249

Phone (760) 888-2275 Fax (760) 888-2226

lindam@escondidohumanesociety.org

www.escondidohumanesociety.org

Application For Employment

Personal Information

Name		Date
Address	City	Zip Code
Telephone Number		Work or Cell Phone Number
Age (if under 18)	E-mail Address	Social Security Number

Desired Employment

Position	Date You Can Start	Salary Desired
<input type="checkbox"/> Yes <input type="checkbox"/> No Are You Currently Employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No May We Contact Your Present Employer?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> When? Have You Ever Applied To The EHS Before?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> When? Have You Ever Worked For The EHS
Who Referred You To The EHS? <input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Agency		
<input type="checkbox"/> Friend <input type="checkbox"/> Walk In <input type="checkbox"/> Web Site <input type="checkbox"/> Other		

Availability When are you available to work? Please insert times below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Additional comments regarding availability: _____



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Education

Education Level	Name And Location Of School	Number Of Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Graduate School				
Other (Specify)				

General Information

Subjects Of Special Study Or Research
Special Training Or Expertise
Special Skills
Activities (Civil, Athletic, Etc.)

Personal References Please list 3 people of whom we can contact and obtain a personal reference. (Relatives not included.)

Name	Relationship	Local Phone Number
1.		
2.		
3.		



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Skills Inventory

Please check and explain those resources and skills that you can bring to the EHS. Please attach a resume if you have one available.

Managerial	<input type="checkbox"/> Supervisor/Mgr.	<input type="checkbox"/> Employee Training
	<input type="checkbox"/> Scheduling	<input type="checkbox"/> Hiring/Terminating
	<input type="checkbox"/> Team Work	<input type="checkbox"/> Other
Computer	<input type="checkbox"/> Programming	<input type="checkbox"/> Data Entry
	<input type="checkbox"/> Office 97	<input type="checkbox"/> Word Processing
	<input type="checkbox"/> HTML	<input type="checkbox"/> Desktop
	<input type="checkbox"/> Project Management	<input type="checkbox"/> Publishing
	<input type="checkbox"/> Graphics	<input type="checkbox"/> Accounting Software
	<input type="checkbox"/> MAC Operating System	<input type="checkbox"/> Windows Operating System
	<input type="checkbox"/> Other	
Front Office	<input type="checkbox"/> Telephone	<input type="checkbox"/> Bulk Mailings
	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Typing <input type="checkbox"/> WPM
	<input type="checkbox"/> Accounting	<input type="checkbox"/> Cash Exchange/Receipts
	<input type="checkbox"/> Other	
Animal Contact	<input type="checkbox"/> Walking	<input type="checkbox"/> Grooming
	<input type="checkbox"/> Vet. Tech	<input type="checkbox"/> Training
	<input type="checkbox"/> Large Animals	<input type="checkbox"/> Showing
	<input type="checkbox"/> Small Animals	<input type="checkbox"/> RVT/AHT
	<input type="checkbox"/> Medical Training	<input type="checkbox"/> Lab
	<input type="checkbox"/> Radiology	<input type="checkbox"/> Pharmacology
	<input type="checkbox"/> Other	
Education	<input type="checkbox"/> Classroom Instruction	<input type="checkbox"/> Lesson Plans
	<input type="checkbox"/> Taught Children	<input type="checkbox"/> Taught Adults
	<input type="checkbox"/> Special Education	<input type="checkbox"/> Other
Fundraising	<input type="checkbox"/> Committee Support	<input type="checkbox"/> Committee Chair
	<input type="checkbox"/> Event Supporter	<input type="checkbox"/> Public Relations
	<input type="checkbox"/> Other	



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Employment History

Please list your last 4 employers, starting with the most recent one first.

_____ Name Of Present Or Last Employer	_____ Starting Date	_____ Leaving Date
_____ Job Title/Position	_____ Starting Salary	_____ Ending Salary
_____ Name Of Supervisor	_____ Title	_____ Phone Number
May We Contact Your Supervisor? ____Yes ____No		
Description Of Duties _____		
Reason For Leaving _____		

_____ Name Of Present Or Last Employer	_____ Starting Date	_____ Leaving Date
_____ Job Title/Position	_____ Starting Salary	_____ Ending Salary
_____ Name Of Supervisor	_____ Title	_____ Phone Number
May We Contact Your Supervisor? ____Yes ____No		
Description Of Duties _____		
Reason For Leaving _____		



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Name Of Present Or Last Employer

Starting Date

Leaving Date

Job Title/Position

Starting Salary

Ending Salary

Name Of Supervisor

Title

Phone Number

May We Contact Your Supervisor? _____ Yes _____ No

Description Of Duties _____

Reason For Leaving _____

Name Of Present Or Last Employer

Starting Date

Leaving Date

Job Title/Position

Starting Salary

Ending Salary

Name Of Supervisor

Title

Phone Number

May We Contact Your Supervisor? _____ Yes _____ No

Description Of Duties _____

Reason For Leaving _____

Additional Comments Regarding Present/Previous Employment: _____



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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wage salary be terminated at any time without any previous notice.

Print Name

Signature

Date

Applicant – Do Not Write Below This Line

Interview Date _____

Interviewed By _____

Remarks _____

Recommend Second Interview ☐ Yes ☐ No

Interview Date _____

Interviewed By _____

Remarks _____

Hired ☐ Yes ☐ No

Date Hired _____

Position _____

Department _____