

FOR OFFICE USE ONLY
NOTICE SENT _____ SCORE _____

T & E _____
WRIT / PERF _____
ORAL _____
FINAL _____
RMKS _____

INLAND VALLEY HUMANE SOCIETY

& S.P.C.A.
500 Humane Way
Pomona, CA 91766
(909) 623-9777

APPLICATION FOR: _____ **EXACT TITLE OF POSITION** _____

INSTRUCTIONS: FILL OUT BOTH SIDES OF THIS FORM COMPLETELY, EITHER TYPING OR PRINTING IN INK, FAILURE TO COMPLETE THIS FORM THOROUGHLY (INCLUDING USING "SEE RESUME") COULD RESULT IN REJECTION DURING THE SELECTION PROCESS. THIS APPLICATION AND ANY ATTACHMENTS BECOME THE PROPERTY OF THE INLAND VALLEY HUMANE SOCIETY.

NAME _____
LAST FIRST MIDDLE
ADDRESS _____
CITY STATE ZIP
HOME () _____ WORK () _____
MESSAGE () _____

THIS APPLICATION IS
BEING FILED AS A:
_____ NEW APPLICATION
_____ PROMOTION
_____ REINSTATEMENT
_____ TRANSFER

HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME? YES NO IF YES, PLEASE GIVE NAME _____

DO YOU HAVE ANY PHYSICAL CONDITION WHICH WOULD REQUIRE SPECIAL CONSIDERATION IN EITHER A TEST SETTING OR IN THE WORKPLACE? _____

ARE YOU AT LEAST EIGHTEEN (18) YEARS OF AGE? YES NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES AND CAN YOU PROVIDE EVIDENCE, UPON HIRE, OF YOUR ELIGIBILITY? _____

ARE YOU ALSO AVAILABLE FOR ANY PART-TIME OR TEMPORARY POSITIONS THAT MAY BECOME AVAILABLE? (PLEASE CHECK APPROPRIATE BOX)

EDUCATION:

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+
DID YOU RECEIVE A HIGH SCHOOL DIPLOMA? YES NO GED

NAME OF HIGH SCHOOL _____

CITY & STATE _____

LIST YOUR COLLEGE, BUSINESS, TRADE, CORRESPONDENCE OR OTHER COURSES BELOW:

NAME OF SCHOOL	CITY	STATE	FROM		TO	MAJOR SUBJECT COURSE OF STUDY	CREDIT UNITS / HRS	LIST DEGREE OR CERTIFICATE RECEIVED
			MO. / YR.	MO. / YR.				
			/	/				
			/	/				
			/	/				
			/	/				

LIST ANY REQUIRED LICENSE OR PROFESSIONAL REGISTRATION

LICENSE / REGISTRATION	STATE	NUMBER	EXPIRATION DATE

EXPERIENCE: BEGINNING WITH YOUR CURRENT OR MOST RECENT POSITION. LIST ALL POSITIONS YOU HAVE PREVIOUSLY HELD, INCLUDING MILITARY AND VOLUNTEER SERVICE. IF NECESSARY, USE ADDITIONAL SHEETS. PLEASE ACCOUNT FOR ANY TIME PERIODS OF SELF-EMPLOYMENT OR UNEMPLOYMENT.

JOB TITLE	FROM			TO			TOTAL	
	MONTH	DAY	YEAR	MONTH	DAY	YEAR	YRS.	MOS.
NAME OF ORGANIZATION:	ADDRESS:			CITY:			STATE:	
TYPE OF ORGANIZATION:	NAME & TITLE OF SUPERVISOR:					TELEPHONE:		
NUMBER OF EMPLOYEES YOU SUPERVISED:	MONTHLY SALARY: BEGINNING \$ _____ ENDING \$ _____					HOURS WORKED PER WEEK:		
SPECIFIC DUTIES								
REASON FOR LEAVING								
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, WHY?								

JOB TITLE		FROM	TO			TOTAL	
		MONTH / DAY / YEAR	MONTH / DAY / YEAR	MONTH / DAY / YEAR	YRS / MOS		
NAME OF ORGANIZATION		ADDRESS			CITY:	STATE:	
TYPE OF ORGANIZATION		NAME & TITLE OF SUPERVISOR			TELEPHONE:		
NUMBER OF EMPLOYEES YOU SUPERVISED		MONTHLY SALARY: BEGINNING \$ _____ ENDING \$ _____			HOURS WORKED PER WEEK		
SPECIFIC DUTIES							
REASON FOR LEAVING							
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, WHY?							

JOB TITLE		FROM	TO			TOTAL	
		MONTH / DAY / YEAR	MONTH / DAY / YEAR	MONTH / DAY / YEAR	YRS / MOS		
NAME OF ORGANIZATION		ADDRESS			CITY:	STATE:	
TYPE OF ORGANIZATION		NAME & TITLE OF SUPERVISOR			TELEPHONE:		
NUMBER OF EMPLOYEES YOU SUPERVISED		MONTHLY SALARY: BEGINNING \$ _____ ENDING \$ _____			HOURS WORKED PER WEEK		
SPECIFIC DUTIES							
REASON FOR LEAVING							
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, WHY?							

JOB TITLE		FROM	TO			TOTAL	
		MONTH / DAY / YEAR	MONTH / DAY / YEAR	MONTH / DAY / YEAR	YRS / MOS		
NAME OF ORGANIZATION:		ADDRESS			CITY:	STATE:	
TYPE OF ORGANIZATION:		NAME & TITLE OF SUPERVISOR			TELEPHONE:		
NUMBER OF EMPLOYEES YOU SUPERVISED:		MONTHLY SALARY: BEGINNING \$ _____ ENDING \$ _____			HOURS WORKED PER WEEK:		
SPECIFIC DUTIES							
REASON FOR LEAVING:							
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, WHY?							

HAVE YOU EVER BEEN EMPLOYED BY INLAND VALLEY HUMANE SOCIETY & S.P.C.A.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU FILED AN APPLICATION WITH INLAND VALLEY HUMANE SOCIETY & S.P.C.A. IN THE LAST TWO YEARS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE ANY RELATIVES EMPLOYED BY INLAND VALLEY HUMANE SOCIETY & S.P.C.A.? (PLEASE GIVE NAME AND RELATIONSHIP IN SPACE PROVIDED BELOW.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR MISDEMEANOR OTHER THAN A PARKING VIOLATION? (A CONVICTION IS NOT NECESSARILY A BASIS FOR DISQUALIFICATION FOR A POSITION.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN DISMISSED OR RELEASED FROM EMPLOYMENT OR HAVE YOU EVER RESIGNED TO AVOID DISCHARGE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF THE ANSWER IS "YES" TO ANY OF THESE QUESTIONS, EXPLAIN IN DETAIL IN THIS SPACE.		

CERTIFICATE OF APPLICANT: I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS OF MATERIAL FACT WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL WHEN HIRED. ALL EMPLOYEES WILL BE REQUIRED TO SUBMIT DOCUMENTATION, INCLUDING BUT NOT LIMITED TO, PASSPORT, BIRTH CERTIFICATE, SOCIAL SECURITY CARD, RESIDENT ALIEN CARD, DRIVER'S LICENSE, VERIFYING CITIZENSHIP AND ELIGIBILITY TO WORK IN THE UNITED STATES. WHEN APPLICABLE, EMPLOYEES WILL ALSO BE REQUIRED TO SUBMIT COPIES OF EDUCATIONAL DIPLOMAS/CERTIFICATES AND/OR MILITARY DISCHARGES.

SIGNATURE _____ **DATE** _____