

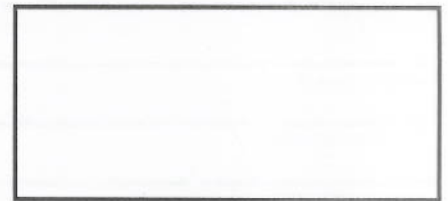
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Notice Sent SCORE

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



**Inland Valley
Humane Society
& S.P.C.A.**
A home away from home.

500 Humane Way · Pomona, CA 91766
(909) 623-9777



APPLICATION FOR: _____

EXACT TITLE OF POSITION

INSTRUCTIONS: FILL OUT BOTH SIDES OF THE 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 ATTACHMENT BECOME THE PROPERTY OF THE INLAND VALLEY HUMAN 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 (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 UNIT HRS | LIST DEGREE OR CERTIFICATE RECEIVED |
|----------------|------|-------|-------|-------|----|-------------------------------|-----------------|-------------------------------------|
| | | | MO/YR | MO/YR | | | | |
| | | | / | / | | | | |
| | | | / | / | | | | |
| | | | / | / | | | | |
| | | | / | / | | | | |

LIST ANY REQUIRED LICENSE OR PROFESSIONAL REGISTRATION
LICENSE/ REGISTRATION STATE NUMBER EXPIRATION DATE

| 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 | MONTH / DAY / YEAR |
| NAME OF ORGANIZATION | ADDRESS | | |
| TYPE OF ORGANIZATION | NAME & TITLE OF SUPERVISOR | | TELEPHONE |
| NUMBER OF EMPLOYEES YOU SUPERVISED | HOURS WORKED PER WEEK | | |
| SPECIFIC DUTIES | | | |
| REASON FOR LEAVING | | | |
| MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY? | | | |

| | | | |
|---|----------------------------|--------------------|--------------------|
| JOB TITLE | FROM | TO | TOTAL |
| | MONTH / DAY / YEAR | MONTH / DAY / YEAR | MONTH / DAY / YEAR |
| NAME OF ORGANIZATION | ADDRESS | | |
| TYPE OF ORGANIZATION | NAME & TITLE OF SUPERVISOR | | TELEPHONE |
| NUMBER OF EMPLOYEES YOU SUPERVISED | HOURS WORKED PER WEEK | | |
| SPECIFIC DUTIES | | | |
| REASON FOR LEAVING | | | |
| MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY? | | | |

| | | | |
|---|----------------------------|--------------------|--------------------|
| JOB TITLE | FROM | TO | TOTAL |
| | MONTH / DAY / YEAR | MONTH / DAY / YEAR | MONTH / DAY / YEAR |
| NAME OF ORGANIZATION | ADDRESS | | |
| TYPE OF ORGANIZATION | NAME & TITLE OF SUPERVISOR | | TELEPHONE |
| NUMBER OF EMPLOYEES YOU SUPERVISED | HOURS WORKED PER WEEK | | |
| SPECIFIC DUTIES | | | |
| REASON FOR LEAVING | | | |
| MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY? | | | |

| | | | |
|---|----------------------------|--------------------|--------------------|
| JOB TITLE | FROM | TO | TOTAL |
| | MONTH / DAY / YEAR | MONTH / DAY / YEAR | MONTH / DAY / YEAR |
| NAME OF ORGANIZATION | ADDRESS | | |
| TYPE OF ORGANIZATION | NAME & TITLE OF SUPERVISOR | | TELEPHONE |
| NUMBER OF EMPLOYEES YOU SUPERVISED | HOURS WORKED PER WEEK | | |
| SPECIFIC DUTIES | | | |
| REASON FOR LEAVING | | | |
| MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY? | | | |

HAVE YOU EVER BEEN EMPLOYED BY INLAND VALLEY HUMANE SOCIETY & S.P.C.A? YES NO

HAVE YOU FILED AN APPLICATION WITH INLAND VALLEY HUMANE SOCIETY & S.P.C.A. IN THE LAST TWO YEARS? YES NO

ARE ANY RELATIVES EMPLOYED BY INLAND VALLEY HUMANE SOCIETY & S.P.C.A? YES NO
(PLEASE GIVE NAME AND RELATIONSHIP IN SPACE PROVIDED BELOW.)

HAVE YOU EVER BEEN DISMISSED OR RELEASED FROM EMPLOYMENT OR HAVE YOU EVER RESIGNED TO AVOID DISCHARGE? YES NO

IF THE ANSWER "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, DRIVERS 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** _____