



BLUE MOUNTAIN HUMANE SOCIETY

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Name:

Last

First

Middle

Current Address:

Street

City

State

Zip

Primary Phone Number: () _____ Email Address: _____

If hired, are you legally eligible for employment in the United States? Yes No

Have you been convicted of a felony in the last 7 years? Yes () No ()

If yes, please explain:

Position Applying For: _____ Employment Desired: ___ Full-time ___ Part-Time

Desired Salary/Wage: _____ Date Available for Work: _____

Have you ever applied to work here before? () Yes () No If So, When? _____

Days available to work: No Pref ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

EDUCATION

Type of School	Name of School	Location	Years Attended	Degree Received	Major
High School					
College					
Other (Specify)					

Other Training, Certifications or licenses held: _____

EMPLOYMENT: List your last employers, starting with most recent

Employer: _____ Dates Employer: From _____ To _____
Address: _____ City: _____ State _____ Zip _____
Work Phone: (____) _____ Position: _____
Supervisor Name and Title: _____
Reason for leaving: _____
May we contact them? [] Yes [] No

Employer: _____ Dates Employer: From _____ To _____
Address: _____ City: _____ State _____ Zip _____
Work Phone: (____) _____ Position: _____
Supervisor Name and Title: _____
Reason for leaving: _____
May we contact them? [] Yes [] No

Employer: _____ Dates Employer: From _____ To _____
Address: _____ City: _____ State _____ Zip _____
Work Phone: (____) _____ Position: _____
Supervisor Name and Title: _____
Reason for leaving: _____
May we contact them? [] Yes [] No

Employer: _____ Dates Employer: From _____ To _____
Address: _____ City: _____ State _____ Zip _____
Work Phone: (____) _____ Position: _____
Supervisor Name and Title: _____
Reason for leaving: _____
May we contact them? [] Yes [] No

Employer: _____ Dates Employer: From _____ To _____
Address: _____ City: _____ State _____ Zip _____
Work Phone: (____) _____ Position: _____
Supervisor Name and Title: _____
Reason for leaving: _____
May we contact them? [] Yes [] No

REFERENCES: Please list three references other than relatives

Name	Address	Company	Phone	Years Known

Non-Discrimination Policy Statement

Non-Discrimination Policy: Blue Mountain Human Society is committed to equal opportunity in employment. We do not discriminate on the basis of sex, race, color, creed, national origin, marital status, age, religion, sexual orientation, gender identity, gender expression, veteran or military status or disability.

ACKNOWLEDGEMENT AND AUTHORIZATION

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment with BMHS will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

If my application is considered qualified for the position, I understand that I may be subject to a background check, and hereby authorize BMHS, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records and/or criminal records through an investigative service of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

Signature of Applicant

Date

