

APPLICATION FOR EMPLOYMENT

Humane Society of North Iowa

2700 South Birch Drive

Mason City, IA 50401

www.hsni.org ~ 641-423-6241

PERSONAL INFORMATION

				Date _____	
Name _____					
_____	_____	_____	_____		
<small>Last</small>	<small>First</small>	<small>Middle</small>	<small>Maiden</small>		
Present address _____					
_____	_____	_____	_____	_____	_____
<small>Number</small>	<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>	
How long? _____			Date of Birth: _____		
Telephone (____) _____			E-mail: _____		

EMPLOYMENT DESIRED

Position(s) applied for _____	Days/hours available to work:		
Salary desired _____	No Pref: _____ Thursday: _____		
How many hours can you work weekly? _____	Monday: _____ Friday: _____		
When are you available to start work? _____	Tuesday: _____ Saturday: _____		
	Wednesday: _____ Sunday: _____		
Employment desired	<input type="checkbox"/> FULL-TIME ONLY	<input type="checkbox"/> PART-TIME ONLY	<input type="checkbox"/> FULL- OR PART-TIME

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				

Have you ever been convicted of a crime (other than a traffic ticket)?

Yes

No

If yes, please explain: _____

Do you have a valid Driver's License?

Yes

No

Do you have reliable means of transportation to and from work?

Yes

No

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip		From To	Start Final
Phone number	Job title		
Reason for leaving:			
Duties performed:			
Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip		From To	Start Final
Phone number	Job Title		
Reason for leaving			
Duties performed:			
Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip		From To	Start Final
Phone number	Job title		
Reason for leaving			
Duties performed:			

Please use this space to provide additional information about your qualifications for the position you are applying for:

REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

