



HUMANE SOCIETY OF ROME, NEW YORK

P.O. Box 4572—Rome, NY 13442-4572
Shelter (315) 336-7070 / Office: (315) 337-1434
Animal Shelter in the Mohawk Valley Since 1956

APPLICATION FOR EMPLOYMENT

To Applicant:

We appreciate your interest in The Humane Society of Rome. A record of your work history will aid in considering you for a position. A resume may be attached but does not substitute for any portion of this application. If a section does not apply, enter N/A. All persons who are hired must, by law, present acceptable evidence of their eligibility to work in the United States.

Date: _____

PLEASE PRINT

NAME _____ Telephone Number Home: _____

Social Security Number _____ Telephone Number Work: _____

Present Address _____

Are you legally eligible for employment in the USA? Yes _____ No _____

Are you 18 years of age or older? Yes _____ No _____
(if no, can you furnish working papers if hired? Yes _____ No _____)

Position applied for _____

Rate of pay expected _____ per hour Date Available _____

Would you work:

Full Time _____ SUN __ MON __ TUES __ WED __ THURS __ FRI __ SAT __

Part Time _____ SUN __ MON __ TUES __ WED __ THURS __ FRI __ SAT __

If your application is considered favorably what date will you be available for work? _____

List any specific skills or areas of knowledge that might be job related, that may be considered in evaluating your qualifications for employment at the Humane Society of Rome:

Office Skills—list all office and computer skills. Note typing speed and all software programs you are skilled in using:

Education:

High School/Date Graduated _____

College/Date Graduated/Major _____

EMPLOYMENT HISTORY

List all present and past employment starting with the most recent. Indicate which employers you do not want us to contact for references:

Employer _____ Dates of Employment _____
Address _____ Supervisor _____
Position _____ Reason for Leaving _____

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PERSONAL REFERENCES

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

How were you referred to the Humane Society of Rome?

_____ Walk-in _____ Employee Referral _____ Newspaper _____ Agency _____ School

Have you ever been employed by a Humane Society?

If YES, when? _____ Where? _____ Position Held _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? Yes _____ No _____

If YES, please explain

Do you have a Valid New York State Driver's License? Yes _____ No _____

Would you be willing to take a drug test prior to employment? Yes _____ No _____

PLEASE READ BEFORE SIGNING BELOW

I understand that any offer of employment may be conditional on the results of a physical examination and/or drug testing by a physician and/or laboratory designated by the Humane Society of Rome, Inc. I also understand that any job offer will be contingent upon satisfactory references from previous employers. I understand that the Humane Society of Rome, Inc. may elect to solicit the services of outside agencies to investigate and report on character, general reputation, personal characteristics and the like, with respect to applications submitted by persons being considered for employment. If the Humane Society of Rome, Inc. elects to do so, this statement has been included in my application for employment to inform me of this regard. I acknowledge that I have been advised that I have a right to request in writing, information concerning the nature and scope of such an investigation. I hereby release all persons, firms, and/or corporations furnishing references or other information concerning me, from liability. I also release The Humane Society of Rome, Inc. from any liability which might result from requesting such information.

Applicant's Signature _____ Date _____

COMMENTS (Note: To be filled out by Interviewer)



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LYNN ROSEN, PRESIDENT

MOTOR VEHICLE RECORD REQUEST

NAME: _____

ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____

DATE OF BIRTH: _____

DATE OF EMPLOYMENT: _____

Status: _____ Employee-Give title or duties: _____

_____ Non-employee furnished with company auto

_____ Applicant for employment

YES NO

Are you furnished with a company vehicle for personal use? _____

If so, will it be driven by family members or anyone under 25? _____

Have you ever been denied a drivers license or had one
suspended or revoked? _____

Have you had any moving violations in the past 3 years? _____

Have you had any auto accidents in the past 3 years? _____

If any "YES" answers, provide explanation:

**I affirm that the statements above are made truthfully and without reservation,
and give permission for employer listed below to obtain a copy of my motor
vehicle record.**

Signed: _____ Date: _____

Employers Name: _____

Address: _____



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AUTHORIZATION – RELEASE FOR BACKGROUND CHECK

In connection with my application for:

(position applied for: _____)

I hereby release **THE HUMANE SOCIETY OF ROME, INC.** and/or their officers, employees and agents from any liability and responsibility arising from the preparation of a background investigation report.

I authorize all persons, schools, businesses, corporations, credit bureaus, courts and law enforcement agencies to release information including matters of opinion about my character, ability and past conduct. I authorize these agencies to release such information without restriction or qualification.

I authorize the release of any psychiatric or clinical records from the New York State Office of Mental Health or any other mental health/mental hygiene record keeping facility.

I authorize the National Personnel Records Center, St. Louis, Missouri, or any other custodian of my military record to release to the City of Rome Police Department information or photocopies from my military personnel and related records. This may include a photocopy of my DDForm 214, Record of Separation.

I am willing that a photocopy of this authorization be considered as effective and as valid as the original.

Applicant's Signature

Date of Birth

TODAY'S DATE: _____

PLEASE PRINT:

Name: _____

Address: _____

Phone Number: _____