



# A.D.O.P.T. EMPLOYMENT APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELL  HOME

EMAIL \_\_\_\_\_

- OFFICE USE ONLY -	
INTERVIEW	_____
HRS / WEEK	_____
WAGE	_____

DO YOU HAVE ANY EXPERIENCE WITH ANIMALS? YES  NO

ARE YOU ABLE TO WORK WEEKDAY MORNINGS? YES  NO

ARE YOU ABLE TO WORK WEEKDAY AFTERNOONS? YES  NO

ARE YOU ABLE TO WORK WEEKENDS? YES  NO

DO YOU MIND CLEANING THE ANIMALS CAGES? YES  NO

DO YOU MIND WORKING WITH DOGS? YES  NO

DO YOU MIND WORKING WITH CATS? YES  NO

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? YES  NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO

DO YOU HAVE ANY PHYSICAL LIMITATIONS? YES  NO

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ARE YOU INTERESTED IN?  
 FULL TIME  PART TIME

YOUR LEVEL OF EDUCATION?  
 HIGH SCHOOL  COLLEGE

ARE YOU OVER 18?  YES  NO

RESUME ATTACHED?  YES  NO

SSN \_\_\_\_\_

## PLEASE LIST YOUR LAST THREE EMPLOYERS

EMPLOYER \_\_\_\_\_ HOW LONG WERE YOU THERE? \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

EMPLOYER \_\_\_\_\_ HOW LONG WERE YOU THERE? \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

EMPLOYER \_\_\_\_\_ HOW LONG WERE YOU THERE? \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

In exchange for the consideration of my job application by ADOPT (Animals Deserving Of Proper Treatment) I agree that:

Neither the acceptance nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of the employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of ADOPT or otherwise change in any respect the employment-at-will relationship between it and the undersigned. The relationship cannot be altered except by a written instrument signed by President or Director of the organization. If employed, I understand that the organization may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give ADOPT permission to contact schools, previous employers (unless otherwise indicated), references and others and hereby release all parties from any liability as a result of such contact.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*Thank You for your interest in our organization, your application will be kept on file for six months.*