



Steele County Humane Society

PO Box 220, Owatonna, MN 55060 Email: steelecountyhumanesociety@gmail.com

APPLICATION FOR EMPLOYMENT

Non-discrimination Policy: SCHS is committed to the principle of equal opportunity in employment and does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity expression, veteran status, or disability.

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Position Sought: _____ Available Start Date: _____

EMPLOYMENT DESIRED

Position Applied for: _____ Desired Pay: _____

Are you currently employed ___ Yes ___ No Date available to start: _____

How did you find out about this position: _____

Would you like to work (check all that apply) ___ Full-Time ___ Part-Time ___ Summer ___ Temporary

AVAILABLE HOURS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EDUCATION

Education Level	Name, City, & State of Institution	Number of years completed	Major/Subjects of Study
High School			
College/University			
Other Education Training			
Vocational, Business, Other			

SKILLS

Please list all skills related to working with animals, computer skills, or veterinary experience

REFERENCES

Please provide three references that are not relatives or previous employers

Name: _____	Phone: _____
Address: _____	City: _____ Zip: _____
Relationship: _____	Years Known: _____

Name: _____	Phone: _____
Address: _____	City: _____ Zip: _____
Relationship: _____	Years Known: _____

Name: _____	Phone: _____
Address: _____	City: _____ Zip: _____
Relationship: _____	Years Known: _____

EMPLOYMENT HISTORY

Please list employment record, starting with the most recent

Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor Name: _____
Job Title: _____
Duties, Responsibilities, Promotions: _____

Reason for Leaving: _____
Date Started: _____ Date Finished: _____
May we contact your Supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor Name: _____
Job Title: _____
Duties, Responsibilities, Promotions: _____

Reason for Leaving: _____
Date Started: _____ Date Finished: _____
May we contact your Supervisor: Yes No

Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Supervisor Name: _____
Job Title: _____
Duties, Responsibilities, Promotions: _____

Reason for Leaving: _____
Date Started: _____ Date Finished: _____
May we contact your Supervisor: Yes No

I understand that I may be subject to a background check and authorize SCHS to investigate my background. I certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job.

My signature on this form or the electronic submission of this form certifies that the information on 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.

Signature: _____ Date: _____