



Ark Animal Rescue & Adoption, Inc.

P.O. Box 95
Howe, IN 46746

Human Resources

Contact
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APPLICATION FOR EMPLOYMENT (Pre-Employment Questionnaire - An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE IN.

SOC.SEC.NO. _____

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS: YES NO

EMPLOYMENT DESIRED

POSITION APPLYING FOR _____ SHIFT PREFERENCE _____

ARE YOU EMPLOYED NOW _____ DATE YOU CAN START _____ SALARY DESIRED _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ WHERE _____ WHEN _____

REFERRED BY _____

<u>EDUCATION</u>	NAME AND LOCATION OF SCHOOL	NO. YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

IF DRIVING IS REQUIRED OF THE POSITION FOR WHICH YOU ARE APPLYING DO YOU HAVE A GOOD DRIVING RECORD AND WOULD YOU BE WILLING, IF ASKED, TO PROVIDE A COPY OF YOUR DRIVING RECORD FOR THE LAST 5 YEARS? YES NO

GENERAL

ARE YOU A VETERAN? YES NO

SPECIAL SKILLS _____

Do you have any physical conditions or limitations that would be affected by or keep you from being able to perform or deal with the following:

(Circle Yes or No)

- Yes No Lifting 50 lbs.
- Yes No Standing for 4 hours
- Yes No Doing Lots of bending over and leaning
- Yes No Working outdoors in ALL weather conditions
- Yes No Working with bleach or any other cleaning products
- Yes No Dealing with all types of animals.

FORMER EMPLOYERS (LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH AND YEAR	NAME , ADDRESS, PHONE NO. OF EMPLOYEE	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: GIVE THE NAME OF THE THREE PERSONS *NOT RELATED TO YOU*, WHOM YOU=VE KNOWN AT LEAST A YEAR

NAME	ADDRESS & PHONE NO.	BUSINESS	YEARS AQUAINTED
1.			
2.			
3.			

THE FOLLOWING APPLIES IN: MARYLAND & MASSACHUSETTS. (FILL IN NAME OF STATE) . IT IS UNLAWFUL IN THE STATE OF INDIANA TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

SIGNATURE OF APPLICANT

IN CASE OF
EMERGENCY NOTIFY

NAME ADDRESS PHONE

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY=S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY=S OPTION.

I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT=S BOARD PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.@

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS : _____

NEATNESS _____ ABILITY _____

HIRED YES NO POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____
HUMAN RESOURCE BOARD PRESIDENT ANIMAL AFFAIRS CHAIRMAN

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.