



# Hawk Creek Animal Shelter

## Humane Society of Kandiyohi and Meeker Counties

250 28<sup>th</sup> St SW • Mail: PO Box 709 • Willmar, MN 56201 • (320)235-7612 • Fax: (320)235-1878 •

### Application For Employment

The Hawk Creek Animal Shelter is an equal opportunity employer. All applicants are considered without regard to race, age, color, gender, ethnic group, national origin, religion, citizenship, marital status, sexual orientation, veteran status, physical or mental disability, or medical condition.

#### Personal Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Phone(s): \_\_\_\_\_  
Mailing Address, City, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Application \_\_\_\_\_

#### 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

Level	Name and Address	Date Graduated / Level Completed	Major Studies	Degree/Diplom a License/Certifi cate
High School				
College				
Graduate School				

Vocational, Business, Other				
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### Military

Branch	Dates of Service	Final Rank	Assignment

Are you a member of the National Guard: ☐ Yes ☐ No

### Skills

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


### Personal References

Please provide three references that are not relatives or previous employers.

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

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

## Employment History

Please list employment record, starting with the most recent. A resume may be submitted as well.

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties, Responsibilities, Promotions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties, Responsibilities, Promotions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties, Responsibilities, Promotions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

**Are you currently employed:** ☐Yes ☐No **May we contact your present employer:** ☐Yes ☐No

**Will you be able to perform the job functions for the position you are applying for with or without reasonable accommodation:** ☐Yes ☐No

**If offered employment, will you be able to provide proof of identity and authorization to work in the United States of America?** ☐Yes ☐No

### **Applicant Statement**

I, the undersigned, understand and agree to the following statements:

This application is not a contract of employment. The employer follows an "at will" employment policy, meaning that I or the employer may terminate employment at any time for any reason consistent with applicable law.

All hired persons must provide proof of identity and authorization to work in the United States. Failure to produce such proof will result in denial of employment.

I authorize investigation of all statements given on this application. The employer may contact any educational institution, reference, or employer listed on this application, except my current employer if so noted, to verify the information I have given. I hereby release all involved parties from any liability arising from such an investigation.

Should the employer hire me and should any of the information I have given in this application be found false, misleading, or incomplete I shall be subject to dismissal. I certify that all the information given in this application is complete and true.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_