

# Employment Application



**Humane Society**  
of Memphis & Shelby County

935 Farm Road  
Memphis, TN 38134  
www.memphishumane.org

Date of Application \_\_\_\_\_ Position Applied for \_\_\_\_\_ Salary Expectations \_\_\_\_\_

Name (Last, First, Middle) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Can you submit verification of your legal right to work in the U.S.?  Yes  No Are you at least 18 years of age?  Yes  No

Have you applied here before?  Yes  No If yes, for what position \_\_\_\_\_ Date Applied \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_ Are you applying for  Part-time  Full-time When are you available to start? \_\_\_\_\_

Are you a veteran of the U. S. Military Service?  Yes  No Have you ever been convicted of a felony?  Yes  No If yes, please give the dates and nature of the conviction. \_\_\_\_\_

### Employment History

Dates of Employment	Name & Phone Number of Employer	Name & Title of Supervisor	Position & Rate of Pay	Reason for Leaving
From _____ To _____	_____	_____	_____	_____
From _____ To _____	_____	_____	_____	_____
From _____ To _____	_____	_____	_____	_____

### Education

School	Name and Location	Number of Years Completed	Major Areas of Study	Did You Graduate?
High School	_____	_____	_____	_____
College/University	_____	_____	_____	_____
Other	_____	_____	_____	_____

**STATEMENT (Please read this statement carefully before signing this application):**

I understand that employment with Humane Society of Memphis & Shelby Co. is at-will, meaning that I or Humane Society of Memphis & Shelby Co. may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize Humane Society of Memphis & Shelby Co. to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

**I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_