



EMPLOYMENT APPLICATION

(You must be 18 years of age to apply for a job at DHA and have attained at least a high school diploma, GED, or equivalent degree)

Mail completed/signed application to: D.H.A. • 701 A Street • Wilmington, DE • 19801 Email: jross@delawarehumane.org Fax: 302-571-0745

APPLICANT INFORMATION

Last Name	<input type="text"/>	First	<input type="text"/>	M.I.	<input type="text"/>
Street Address	<input type="text"/>			Apt/Unit #	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Cell Phone	<input type="text"/>	Home Phone	<input type="text"/>		
Email Address	<input type="text"/>				
Position Applied	<input type="text"/>	Date Available	<input type="text"/>	Desired Salary	\$ <input type="text"/>
Have you ever worked for this organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, when?	<input type="text"/>	
Have you ever been convicted of a felony or Class A misdemeanor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If yes, identify type of offense, date & location	<input type="text"/>				

EDUCATION (Please indicate education or training which you believe qualifies you for the position you are seeking)

High School	<input type="text"/>	Years completed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Diploma	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
G.E.D.	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
College / Vocational School	<input type="text"/>	Years completed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5+ <input type="checkbox"/>
Major	<input type="text"/>	Degree earned	<input type="text"/>				
Other training and/or degrees	<input type="text"/>	Degree earned	<input type="text"/>				

REFERENCES (Please list three professional references)

Full Name	<input type="text"/>	Relationship	<input type="text"/>
Company	<input type="text"/>	Phone Number	<input type="text"/>
Address	<input type="text"/>		
Full Name	<input type="text"/>	Relationship	<input type="text"/>
Company	<input type="text"/>	Phone Number	<input type="text"/>
Address	<input type="text"/>		
Full Name	<input type="text"/>	Relationship	<input type="text"/>
Company	<input type="text"/>	Phone Number	<input type="text"/>
Address	<input type="text"/>		

PREVIOUS EMPLOYMENT (List last employer first)Employer Phone Number Address Supervisor Position FT PT Hours Worked Responsibilities From To Reason for leaving Employer Phone Number Address Supervisor Position FT PT Hours Worked Responsibilities From To Reason for Leaving Employer Phone Number Address Supervisor Position FT PT Hours Worked Responsibilities From To Reason for leaving **MILITARY SERVICE**Branch From To Rank during service at the time of discharge? Duties performed **APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Delaware Humane Association (DHA) to verify their accuracy and to obtain reference information on my work performance. I hereby release DHA from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

If this application leads to employment, I will be required to provide documentation to verify eligibility.

Applicant Signature Date

This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.