



**PRINCE GEORGE'S COUNTY
ANIMAL MANAGEMENT GROUP**



JOB APPLICATION

This application is for contract positions at the Animal Services Facility. These positions include Assistant Kennel Managers, Veterinary/Euthanasia Technicians, Animal Caretakers, Rescue Coordinator, Front Office Supervisor, Adoption Counselors, Cashier and Call Takers. These positions are not full-time County positions.

DATE OF APPLICATION _____

NAME _____

(Last) (First) (M.I.)

ADDRESS _____

(Street) (City) (State) (Zip Code)

TELEPHONE HOME _____ WORK _____

DRIVER'S LICENSE # _____ STATE _____ EXPIRES _____

SOCIAL SECURITY # _____ BIRTHDATE _____

POSITION APPLIED FOR _____

___ DAYS ___ EVENINGS ___ EITHER ___ FULL-TIME ___ PART-TIME
(MANY POSITIONS INVOLVE NIGHT, WEEKEND & HOLIDAY WORK)

DAYS & HOURS AVAILABLE _____

DATE YOU CAN START _____

HAVE YOU WORKED AT THIS SHELTER BEFORE? ___ IF SO, WHEN? _____

HAVE YOU WORKED AT ANY ANIMAL SHELTER/ANIMAL CONTROL/HUMANE SOCIETY? ___

IF SO, WHERE? _____ WHEN? _____

HOW DID YOU LEARN ABOUT THIS POSITION?

___ ADVERTISEMENT ___ WALK-IN ___ OTHER, EXPLAIN _____

<u>EDUCATION</u>	<u>NAME/LOCATION OF SCHOOL</u>	<u>NO. OF YEARS ATTENDED</u>	<u>DID YOU GRADUATE?</u>	<u>MAJOR</u>
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OTHER SCHOOL				

OTHER TRAINING/EXPERIENCE RELATED TO THE POSITION YOU ARE APPLYING FOR

REFERENCES

DO YOU HAVE ANY OBJECTION TO OUR CONTACTING YOUR PRESENT EMPLOYER? _____
IF YES, PLEASE STATE THE REASON _____

REFERENCES: LIST THREE PERSONS WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. DO NOT REPEAT NAMES OF SUPERVISORS LISTED UNDER WORK EXPERIENCE.

<u>FULL NAME</u>	<u>PRESENT BUSINESS OR HOME ADDRESS & PHONE NUMBER</u>	<u>BUSINESS OR OCCUPATION</u>

WORK EXPERIENCE

LIST JOBS STARTING WITH PRESENT AND WORK BACK TO BEGINNING OF EMPLOYMENT

PRESENT OR MOST RECENT POSITION:

EMPLOYER NAME _____ SALARY PER YEAR _____
ADDRESS _____ FULL OR PART TIME _____
SUPERVISOR'S NAME & TITLE _____
YOUR TITLE _____
DESCRIBE YOUR WORK: _____
REASON FOR DESIRING TO LEAVE: _____
NUMBER OF POSITIONS SUPERVISED BY YOU: _____

FORMER POSITIONS:

EMPLOYER NAME _____ SALARY PER YEAR _____
ADDRESS _____ FULL OR PART TIME _____
SUPERVISOR'S NAME & TITLE _____
YOUR TITLE _____
DESCRIBE YOUR WORK: _____
REASON FOR DESIRING TO LEAVE: _____
NUMBER OF POSITIONS SUPERVISED BY YOU: _____

FORMER POSITIONS:

EMPLOYER NAME _____ SALARY PER YEAR _____
ADDRESS _____ FULL OR PART TIME _____
SUPERVISOR'S NAME & TITLE _____
YOUR TITLE _____
DESCRIBE YOUR WORK: _____
REASON FOR DESIRING TO LEAVE: _____
NUMBER OF POSITIONS SUPERVISED BY YOU: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME _____ PHONE _____

NAME _____ PHONE _____

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A FELONY OR MISDEMEANOR?

IF YOU ANSWER "YES", GIVE DETAILS SHOWING (1) DATE; (2) CHARGE; (3) PLACE; (4) COURT; AND (5) ACTION TAKEN. (NOTE: CONVICTIONS OR DISCHARGES DO NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. EACH CASE WILL BE CONSIDERED FAIRLY ON ITS MERITS AND AFTER FULL CONSIDERATION OF THE APPLICANT'S VIEWS.) _____

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF ANIMAL CRUELTY? _____
IF SO, WHERE? _____ WHEN? _____

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN FIRED FOR ANY REASON? _____
IF "YES", GIVE DETAILS: _____

WITHIN THE LAST FIVE YEARS, HAVE YOU QUIT A JOB AFTER BEING NOTIFIED THAT YOU WOULD BE FIRED? _____
IF "YES", GIVE DETAILS: _____

I hereby affirm that this application contains no willful misrepresentations or falsifications and that the information contained herein is true and accurate to the best of my knowledge. I understand that should investigation at any time disclose any misrepresentation or falsification of information contained in this document, my application will be disapproved and my name removed from any further consideration for employment. I understand that should I be offered employment and accept a position at the Animal Services Facility and it is subsequently discovered that the information provided herein is false, I may be terminated from employment.

SIGNATURE: _____

DATE SIGNED: _____