



## APPLICATION FOR EMPLOYMENT

We consider applicant for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

How Did You Learn About Us?:

\_\_\_\_\_ Advertisement

\_\_\_\_\_ Employment Agency

\_\_\_\_\_ Relative

\_\_\_\_\_ Friend

\_\_\_\_\_ Inquiry

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

Last Name	First Name	Middle Name
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Address number	Street	City/State/Zip Code
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Contact Phone Number	Alternate Contact Phone Number
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Social Security Number: \_\_\_\_\_

Best time to contact you is: \_\_\_\_\_

If you are under 18 years of age, can you provide required

Proof of your eligibility to work?	Yes	No
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Have you ever filed an application with us before?	Yes	No
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Have you ever been employed with us before?	Yes	No
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Do any of your friends or relatives work here?	Yes	No
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Are you currently employed?	Yes	No
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May we contact your present employer?	Yes	No
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**Lincoln County Humane Society**  
200 North Memorial Drive, Merrill, WI 54452  
(715) 536-3459 • [www.furrypets.com](http://www.furrypets.com)  
Email: [Manager@furrypets.com](mailto:Manager@furrypets.com)

Are you prevented from lawfully becoming employed in  
 This country because of Visa or Immigration Status? Yes      No  
*Proof of citizenship or immigration status will be required upon employment.*

Date you would be available for work: \_\_\_\_\_

Desired salary range: \_\_\_\_\_

AVAILABILITY, please check all that apply to your regular availability;

<input type="checkbox"/> Part-Time	<input type="checkbox"/> Mondays
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Tuesdays
<input type="checkbox"/> Temporary	<input type="checkbox"/> Wednesdays
	<input type="checkbox"/> Thursdays
<input type="checkbox"/> Mornings	<input type="checkbox"/> Fridays
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Saturdays
<input type="checkbox"/> Evenings	<input type="checkbox"/> Sundays

Are you currently on "lay-off" status and subject to recall? Yes      No  
 Can you travel if the job requires it? Yes      No

### Employment Experience

Please start with your present or last job. Include any job-related military service assignments and or volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer			
Address	Phone Number		
Supervisor	Job Title		
Reason for Leaving			
Starting Wage		Final Wage	
Dates of Employment	Start date	to	Final date

Work Performed  
 (If you need additional space, please continue on back of application)

Employer			
Address		Phone Number	
Supervisor		Job Title	
Reason for Leaving			
Starting Wage		Final Wage	
Dates of Employment	Start date	to	Final date

Work Performed  
 (If you need additional space, please continue on back of application)

Employer			
Address		Phone Number	
Supervisor		Job Title	
Reason for Leaving			
Starting Wage		Final Wage	
Dates of Employment	Start date	to	Final date

Work Performed  
 (If you need additional space, please continue on back of application)

**Other Qualifications:**  
 Summarize special job-related skills and qualifications acquired from employment or other experience that may prove beneficial in this position.

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## **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

Date

### **FOR LCHS OFFICE USE ONLY**

Arrange Interview

Yes

No

Remarks: \_\_\_\_\_

Employed

Yes

No

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

Date of Employment \_\_\_\_\_

Hourly Rate \_\_\_\_\_

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Signature of LCHS Manager

Date