

P.O. Box 3058 Monterey, CA 93942 (831) 373-2631 (831) 373-8613Fax www.spcamc.org

### THE SPCA FOR MONTEREY COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, gender (including gender identity and gender expression), religion, age, mental or physical disability, military or veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

**NOTE:** Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

## PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

Name:					
	Last	First	t	Middle	
Addres	ss:				
	Street		City	State	Zip
Teleph	one Number: (	) -	4. Email Add	Iress	
Are yo	u at least 18 years old	!? □Yes□ No If empl	loyed & under the age of	18, can you furnish a wo	ork permit?  Yes No
Do you	ı have a legal right to	work in the United Sta	ates?	No	
If emplo	oyed, you will be requir	ed to provide proof.			
·				the past?	□ No
·	ou applied to The SP		nty for employment in	-	□ No
Have y	ou applied to The SP	CA for Monterey Coun	nty for employment in	d for:	
Have y	vou applied to The SP when? u have any relatives c	CA for Monterey Coun	nty for employment in Position applied	ey County?	
Have y If yes, v Do you If yes, v	vou applied to The SP when? u have any relatives c who?	CA for Monterey Coun	Position applied  The SPCA for Montered  What relation to	ey County?	Yes 🗌 No
Have y If yes, y Do you If yes, y Have y	vou applied to The SP when? u have any relatives c who? vou ever used another	CA for Monterey Coun	Position applied  The SPCA for Montered  What relation to	ey County?  you?  nployment experience	Yes 🗌 No
Have y If yes, v Do you If yes, v Have y	vou applied to The SP when?  u have any relatives control who?  vou ever used another s  No If yes, indica	urrently employed by name that we would it	The SPCA for Monter  What relation to seed to verify your endate the name changed	ey County?  you?  nployment experience	Yes ☐ No and education?

#### 1. Position for which you are applying: First Choice Second Choice Salary/wage desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ On-Call 3. Are you available to work: ☐ Weekends ☐ Overtime ☐ Split Shift Evenings Other: 4. When would you be available to start working? 5. How did you hear about the availability of the position for which you are applying? Advertisement ☐ Employment Agency ☐ Current Employee Friend Relative ☐ Walk-In ☐ Other: \_\_\_\_\_ 6. If the position you are applying for requires the use of a vehicle, do you have a valid driver's license? $\square$ Yes $\square$ No License #: \_\_\_\_\_ Class: \_\_\_\_ State: \_\_\_\_ Expiration Date: \_\_\_\_ 7. Have you been given a Job Description, or have the requirements of the job been explained to you? Yes No Do you understand these requirements? ☐ Yes ☐ No 8. Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation? Yes No 9. Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days or shifts? Yes No SPECIAL SKILLS AND TRAINING 1. Describe specialized training, apprenticeships, skills or research: 2. List current certifications and/or professional licenses, if any, and where registered: 3. Office/business equipment and software qualified or trained to use: **Please Check Software and List Programs** 4. Check special skills or training: (i.e., Word, Excel, etc.): \_\_\_\_\_ basic 🗌 adv. ☐ Management ☐ Word Processing ☐ Computer Skills ☐ Housekeeping Experience ☐ Spreadsheet \_\_\_\_ basic □ adv. ☐ Marketing ☐ Front Desk Experience \_\_\_\_ basic ☐ adv. ☐ Database ☐ Back Office ☐ Sales ☐ Accounting ☐ basic ☐ adv. ☐ Journalism/Writing ☐ Maintenance Mechanics ☐ Other ☐ basic ☐ adv. 5. Please indicate any language skills, other than English, below: READING **SPEAKING UNDERSTANDING** WRITING **LANGUAGE** FLUENT GOOD FLUENT GOOD FAIR FLUENT GOOD FLUENT GOOD FAIR FAIR FAIR

**POSITION** 

# **EMPLOYMENT EXPERIENCE**

<u>Directions</u>: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

### THE FOLLOWING MUST BE COMPLETED IN DETAIL- RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.

1.	Employer	Dates Employed			Key	Key Responsibilities	
_			From		То		
	Address						
			□ Full-Tim		□ Part-Time		
	Telephone Number	Supervisor's Name, Title and	l Telephone	Nu	mber		
	Job Title						
	Reason for Leaving:  Why?	Resigned	ed				
. Г	Employer	Dates Employed			Var	Door one ikilitioo	
2.	Employor		From	S E	To	ney	Responsibilities
	Address						
			□ Full-Tim	ie	□ Part-Time		
	Telephone Number Supervisor's Name, Title and Telephone Number						
	Job Title						
	Reason for Leaving:  Why?						
3.	Employer			s E	mployed	Key	Responsibilities
	Address		From		То		
	Address		- F. II Tim		- Deat Time		
	Telephone Number	☐ Full-Time ☐ Part-Time  Telephone Number					
	Telephone Number Supervisor's Name, Title and Telephone Number						
	Job Title						
	Reason for Leaving: Resigned Laid off Discharged Why?						
4.	Employer	Dates Employed from to _		ess	3		Job Title
5.			l Addı	ess	5		Job Title
6.	Employer	Dates Employed from to _		Address			Job Title
7.	Employer	Dates Employed from to _		ess	3		Job Title

### **EDUCATION AND TRAINING TYPE of SCHOOL** SCHOOL NAME, CITY and STATE **MAJOR Choose Last Year** High School □ 9 □ 10 □ 11 □ 12 From: Community College Degree: ☐ Yes ☐ No □ 1 □ 2 To: From: College/University Degree: ☐ Yes ☐ No □ 1 □ 2 □ 3 □ 4 To: From: Graduate School Degree: Yes No □ 1 □ 2 □ 3 □ 4 To: From: Business/Trade/Other School Degree: Yes No □ 1 □ 2 □ 3 □ 4 To: **EMPLOYMENT REFERENCES** Name **Business Relationship** Organization/Address Telephone CERTIFICATION **DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.** Accuracy: I hereby certify that I have personally completed this application, that the answers given by me are true and complete, and that no material fact has been omitted. I understand that any false statements appearing Typed on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of The SPCA for Monterey County regardless of the time that has elapsed before discovery. Signed Reference Checks: I authorize The SPCA for Monterey County or its designated agents to contact my references and to investigate my past employment, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to The SPCA for Monterey Typed County from all liability or responsibility with respect to information supplied to The SPCA for Monterey County. Where an outside company conducts such an investigation, I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation; where the job requires a credit check, a separate authorization will be provided. This authorization in original or copy format, shall be valid for one year from the date Signed indicated next to my signature below. According to the Fair Credit Reporting Act, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided. Contingencies: Where a conditional offer of employment is made, I acknowledge it is contingent upon The SPCA for Monterey County performing any of the following: drug and alcohol screening, medical fitness for duty Typed examination, criminal convictions\*, and when applicable to the job a credit check. Should a conditional offer of employment be made, a separate authorization and disclosures will be provided. (\*) In accordance with company policy, an individual assessment will be made, including the information reviewed for job-relatedness and time since last conviction. Signed At-Will Employment: I understand that filing this application in no way assures me a position with The SPCA for Monterey County, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated at will, with or without cause, Typed and with or without notice, at any time, and at the option of either The SPCA for Monterey County or myself. I further understand that no one other than the Executive Directors of The SPCA for Monterey County has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Signed

Date

Signature of Applicant

Typed Signature of Applicant