

**OSHKOSH AREA HUMANE SOCIETY, INC.**  
Employment Application

The Oshkosh Area Humane Society, Inc. (OAHS) is an Equal Employment Opportunity Employer and fully subscribes to the principles of Equal Employment Opportunity. Our policy is to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, handicap or any other basis prohibited by Federal or State law. As an Equal Employment Opportunity Employer, we intend to comply fully with all Federal and State laws and the information requested on this application will not be used for any purpose prohibited by law.

**PLEASE PRINT CLEARLY- BE SURE TO SIGN THIS APPLICATION**

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

Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you ever applied for employment with OAHS in the past (circle)?      Yes                  No

Who referred you to us? \_\_\_\_\_

Name of friends or relatives employed by us, if any:

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Are you seeking (circle)...?                  Part-Time Employment                  Full-Time Employment

If part-time, what days and hours are you available to work? \_\_\_\_\_

Pay Expected: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Do you have a valid, unrestricted Wisconsin Driver's License (circle)?      Yes                  No

License Number: \_\_\_\_\_

Do you consider yourself to be computer literate (circle):                  Yes                  No

What computer programs are you familiar with? \_\_\_\_\_

Have you had any previous supervisory experience (circle)?      Yes      No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Are you willing to submit to random drug and/or alcohol testing (circle)?      Yes      No

### EDUCATION

Indicate Name/Location, Years Completed, Course of Study/Degree

High School: \_\_\_\_\_

College/Tech School/etc: \_\_\_\_\_

Other Education/Training: \_\_\_\_\_

List any special skills or qualifications: \_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT HISTORY

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Current Supervisor \_\_\_\_\_

May we contact the employer?    Yes      No    Current Wage: \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_. Reason for Leaving: \_\_\_\_\_

Position and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Supervisor \_\_\_\_\_

May we contact employer?    Yes      No    Wage: \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_. Reason for Leaving: \_\_\_\_\_

Position and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Supervisor \_\_\_\_\_

May we contact employer? Yes No Wage: \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_. Reason for Leaving: \_\_\_\_\_

Position and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

### REFERENCES

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, and any other sources of information which may be relevant to my application for employment. I hereby release them and their organizations from all liability for any damage whatsoever for issuing same. It is understood and agreed that any misrepresentation by me in this application to be completed and signed by me will be sufficient reason for dismissal at any time during my employment, without liability to OAHS. If employed, I agree to abide by all of the work and safety rules of OAHS. I further understand that no representative of OAHS has the authority to enter into any agreement for employment for any specified period of time and that OAHS is not guaranteeing employment to anyone. I understand and agree that if hired, I will be an employee at will, subject to termination at any time and for any legal reason. I agree and understand that no employment contract is created by virtue of my being hired by OAHS.

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