



Dane County Humane Society

Helping People Help Animals

5132 Voges Road • Madison, WI 53718

(608) 838-0413 • giveshelter.org

*An equal opportunity employer
Application for employment*

Date: _____

Personal Information

Name _____
Last First Middle

Address _____
Street City State Zip

Phone _____ Alternate Phone _____

E-mail address _____

Position Desired _____

Date you can start _____ Salary Desired _____

Are you eligible to accept employment in the USA? Yes [] No []

Are you over the age of 18 years? Yes [] No []

Have you ever applied to Dane County Humane Society before? Yes [] No [] If so, when? _____

Have you ever volunteered/worked for Dane County Humane Society before? Yes [] No []
When? _____ What was your position? _____

Can you perform the essential functions of the position for which you are applying? Yes [] No [] If no, please explain. (If you have any questions as to what functions are applicable to the position for which you are applying, please ask to review the job description.)

Availability (If employed, I will notify my supervisor in writing, should my availability change.)

Evenings, weekends, and holidays may be required for some positions.

Please indicate the days and times you are available to work.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Education

	Name/Location	# Years Attended	Degree/diploma received?	Subjects Studied
High School			Yes [] No [] Type of degree received:	
College/University			Yes [] No [] Type of degree received:	
Trade, Business, Other			Yes [] No [] Type of degree received:	
Post-grad, Continuing Ed.			Yes [] No [] Type of degree received:	

Work Experience

Please give a complete record of any employment beginning with present or most recent position. Indicate any change in job title under the same employer as a separate position.

Employer _____	
Type of business/organization _____	
Address of business/organization _____	
Your title _____	Reason for leaving _____
Name, title, and phone # of supervisor _____	
From (mo/yr) _____ to (mo/yr) _____	Full-time _____ or Part-time _____
Beginning rate of pay \$ _____ per _____	Ending rate of pay \$ _____ per _____
Your duties:	

Employer_____

Type of business/organization_____

Address of business/organization_____

Your title_____ Reason for leaving_____

Name, title, and phone # of supervisor_____

From (mo/yr)_____ to (mo/yr)_____ Full-time_____ or Part-time_____

Beginning rate of pay \$_____ per _____ Ending rate of pay \$_____ per _____

Your duties:

Employer_____

Type of business/organization_____

Address of business/organization_____

Your title_____ Reason for leaving_____

Name, title, and phone # of supervisor_____

From (mo/yr)_____ to (mo/yr)_____ Full-time_____ or Part-time_____

Beginning rate of pay \$_____ per _____ Ending rate of pay \$_____ per _____

Your duties:

Employer_____

Type of business/organization_____

Address of business/organization_____

Your title_____ Reason for leaving_____

Name, title, and phone # of supervisor_____

From (mo/yr)_____ to (mo/yr)_____ Full-time_____ or Part-time_____

Beginning rate of pay \$_____ per _____ Ending rate of pay \$_____ per _____

Your duties:

References

May we obtain references from the employers named? Yes [] No []. If no, name and explain exceptions.
 ***We reserve the right to ask for additional references. ***

Please answer the following questions:

1. Why do you want to work at Dane County Humane Society and why do you feel that you are a good candidate for this position?

2. Our mission is “helping people help animals.” What does this mean to you? How would you apply this to your desired position?

3. What is the extent of your animal handling experience?

4. What are your feelings about humane euthanasia?

5. Are you available to work weekends, holidays, and evenings?

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that making false statements on this application constitutes grounds for refusing to hire me, or grounds for dismissing me, if I am hired. In consideration for my employment and my being considered for employment, I agree to follow DCHS rules and regulations and acknowledge that DCHS may change those rules and regulations at any time, at its sole discretion, and without prior notice.

I authorize DCHS to contact the references listed above and investigate all statements I made on this application. I further authorize the above references to give DCHS information concerning my previous employment and any and all other pertinent information they may have. I authorize DCHS to request and receive such information, and I hereby release DCHS and said references from any and all liability incurred as a result of providing such information.

(Signature)

(Date)

DCHS is an equal opportunity employer and does not discriminate based on age, race, color, national origin, religion, creed, handicap, disability, sex, sexual orientation, marital status, physical condition, or any other status protected under applicable federal or state law.