



St. Croix Animal Welfare Center EMPLOYMENT APPLICATION

APPLICANT INFORMATION		
Last Name	First Name	Middle Initial
Street Address		Apartment/Unit #
Mailing Address		
City	State	Zip Code
Phone ()	Email Address	
Social Security No.	Date Available	Desired Salary
Position Applied For		
Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have reliable transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, then are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever worked for the St. Croix Animal Welfare Center? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?		
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		

EDUCATION			
High School		Address	
From: To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree	
College		Address	
From: To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree	
Other		Address	
From: To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree	

REFERENCES <i>(Please list three professional references)</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than Honorable, explain:	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and correct, and complete to the best of my knowledge.	
I understand that false or misleading information in my application or interview, may result in my release.	
Signature	Date