



Application for Employment

This Company is an equal opportunity employer. This Company does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex, (except where sex is a bona fide occupational qualification), disability or on any other basis prohibited by law including but not limited to disabled veterans and/or veterans of the Vietnam era.

PLEASE TYPE OR PRINT IN BLANK INK				DATE OF BIRTH
NAME(LAST)	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
CURRENT ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER

TYPE OF POSITION DESIRED

POSITION APPLIED FOR				
FULL TIME YES NO	PART TIME YES NO	SUMMER YES NO	TEMPORARY YES NO	SALARY EXPECTED
IF PART TIME OR TEMPORARY, PLEASE LIST THE DAYS AND TIMES YOU ARE AVAILABLE TO WORK			PLEASE LIST THE HOURS AVAILABLE	DATE AVAILABLE TO BEGIN
HAVE YOU EVER WORKED FOR THIS COMPANY? YES NO			IF YES, WHEN AND WHERE?	
HOW WERE YOU REFERRED TO THIS COMPANY?				
ARE YOU LEGALLY AUTHORIZED TO WORK IN THIS COUNTRY? YES NO				
To comply with the Immigration Reform and Control Act of 1986, if you are hired you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire, or upon your first work day if your employment period will be less than three (3) days.				
HAVE YOU BEEN EXCLUDED AS A PROVIDER OF MEDICAID OR MEDICARE SERVICES BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES?				
HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEAMEANOR OR FELONY)? YES NO IF YES, PLEASE EXPLAIN:				

Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstance, and seriousness, in relation to the job for which you are applying.

RECORD OF EDUCATION						
Name and Address of School(s)		Dates Attended		Graduate	Type of Degree	Major/Minor
		From (month/year)	To (month/year)			
High School (last attended)				Yes No		
Colleges or Universities				Yes No		
Graduate School				Yes No		
Technical or Business School				Yes No		

Please list any professional affiliations or accreditations which has a direct bearing upon your qualifications for the job which you are seeking. Indicate all licenses and certifications which may relate to the job for which you are applying.

Do you have any special skills or abilities which directly relate to the job for which you are applying?

Do you possess a valid current driver's license (only for jobs where requiring driving a vehicle is an essential function)? YES NO

Driver's License Number and State of Issue: _____

RECORD OF EXPERIENCE
(Most Recent Experience First)

Name and Address of Most Recent Employer	Starting Position		Ending Position
From: _____ To: _____ Phone: _____			
	Salary	Supervisor	Reason for Leaving
Name and Address of Employer	Starting Position		Ending Position
From: _____ To: _____ Phone: _____			
	Salary	Supervisor	Reason for Leaving
Name and Address of Employer	Starting Position		Ending Position
From: _____ To: _____ Phone: _____			
	Salary	Supervisor	Reason for Leaving

May we contact your current employer listed above? YES NO

Use this space to describe any previous work history and/or detail particular job responsibilities listed below. Include any additional information which you feel may be relevant to the job for which you are applying?



Have you ever volunteered or been employed by any other animal rescue organization, licensed or non-licensed?

_____ Yes _____ No

If yes, who, where and when:

Do you have any experience working with animals? _____ Yes _____ No

If yes, explain: _____

Do you have any special skills that would be helpful to our organization? _____ Yes _____ No

If yes, explain: _____

Do you have any physical limitations that would affect you working here? _____ Yes _____ No

If yes, explain: _____

Emergency Contact Information

In care of emergency, I authorize Friends for Animals to notify the contacts listed below:

Primary Emergency Contact

Name: _____

Relationship: _____

Address: _____

Phone Numbers: _____

Secondary Emergency Contact

Name: _____

Relationship: _____

Address: _____

Phone Numbers: _____

This application shall only remain active for 60 days. After 60 days, if you are still interested in employment at this Company, you must fill out a new application.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment.

I give the Employer the right to investigate all references, to contact all prior employers and to secure additional information about me, if job related. I hereby release from Liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this Company and me for either employment or for the providing of any benefit. If I am offered and accept employment, I understand that the employment is for no definite period of time and may, regardless of the date and payment of my wages and/or salary, be terminated under the provisions of Company policy. I understand that if I am employed by this Company, I will be employed as an employee at will.

I understand that I must meet all the physical standards established by this Company to perform the essential functions of any job for which I am offered employment. I understand that, if offered employment, I might be required as a condition of employment to take a physical examination. I also understand that during employment I might from time to time be subjected to physical examinations and/or physical ability tests to demonstrate that I can perform the essential functions of my job.

I understand that this Company may from time to time require that I take a drug and/or alcohol test as a condition of employment. This Company reserves the right to conduct searches on company property of employees and their personal property for alcohol, drugs or for property which might belong to the Company. This Company also reserves the right to conduct searches of the company's property, vehicles and/or equipment at any time. A refusal to submit to company search can subject an employee to employment termination.

In signing this form, I certify that I understand all the questions and statements in this application.

Signature of the Applicant

Date

For Administrative Use Only

Date Application Received	Referral Source
Interviewed By	Department
Reference Check Completed (Date and by Whom)	



BURKE COUNTY FRIENDS FOR ANIMALS – HUMANE SOCIETY OF BURKE COUNTY (FFA)
Code of Ethics Policy

EMPLOYEE CODE OF ETHICS

As a Friends for Animals employee, I pledge to:

RESPECT

- Respect others even though I may not agree with them.
- Display courtesy, sensitivity, consideration and compassion for people and animals.
- Use good judgement in recognizing the scope of authority of staff members.

SAFETY

- Keep safety at the forefront of all volunteer activities.
- Follow the rules presented to me in training.
- Respect and use equipment and supplies as they are intended.
- Report all injuries **immediately** to a staff member.

QUALITY

- Perform all tasks to the best of my ability.
- Ask for help when needed.
- Recognize training is essential to maintain safe shelter practices.

SELF-DISCIPLINE

- Recognize my limitations and those of others.
- Set boundaries for myself-know my limits with animals as well as other activities.
- Hold myself accountable for commitments I undertake.

COMMUNICATION

- Recognize I communicate verbally as well as non-verbally.
- Listen to the needs of others.
- Advise shelter personnel of relevant information regarding the animals and my involvement at the shelter.

COMMITMENT

- Recognize true commitment comes from within.
- Respect that people and animals count on me to honor my commitments.
- Work together with staff and other volunteers to meet our organization's goals.

WELFARE

- Value my role in the maintenance and growth of the organization.
- Strive to promote a positive environment.
- Respect and support all people and animals.

DRESS CODE

- Maintain a neat and professional appearance.
- Wear long pants or shorts that are neat and clean.
- Closed toe shoes must always be worn.

Employee Signature

Date

You have never really lived until you have done something for someone who can never repay you.

–Unknown

No act of kindness, however small, is ever wasted.

– Aesop