


SPCA of Brevard Employment Application

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	SPCA of Brevard 455 Cheney Highway Titusville, FL 32780	 SPCA OF BREVARD
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APPLICATION FOR EMPLOYMENT

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PLEASE COMPLETE PAGES 1-5.	DATE _____
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Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____

Telephone (____) _____

List any other names used _____

Position applied for (1) _____ and salary desired (2) _____ (Be specific)	Days/hours available to work No Pref _____ Thur _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____
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How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

Are you related to anyone currently employed here? If yes, what is the relationship? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

If yes, please explain. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____
Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	10-key <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Word Processing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	
Personal Computer <input type="checkbox"/> Yes <input type="checkbox"/> No	PC <input type="checkbox"/> Mac <input type="checkbox"/>	Other _____	Skills _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU HAD ANY MILITARY TRAINING OR EXPERIENCE
THAT WOULD ENHANCE YOUR ABILITY TO PERFORM
YOUR JOB IF HIRED AT THE SPCA?

Yes No

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with the SPCA of Brevard creates an actual or implied contract of employment. I understand that, if I accept employment with the SPCA of Brevard, it will be on an at-will basis. This means that either the SPCA of Brevard or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by the SPCA of Brevard. I release the SPCA of Brevard, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize the SPCA of Brevard to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release the SPCA of Brevard and its employees from all liability arising from such investigation.

Signature of applicant _____ **Date:** _____

The SPCA of Brevard is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the SPCA of Brevard depends solely on your qualifications.