



# Animals Benefit Club of Arizona, Inc.

## Application for Employment

### Personal Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

City, ST, Zip \_\_\_\_\_ SSN \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Email address \_\_\_\_\_ Referred by \_\_\_\_\_

Do any friends or relatives work for ABC?  Yes  No *If yes, please list names and relationships*

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Job Information

Position applied for \_\_\_\_\_  Part time  Full time

Available start date \_\_\_\_\_ Salary desired \_\_\_\_\_

What shifts are you available to work?  Mornings  Evenings  Weekends  Holidays

*Our shelter animals need to be cared for daily, even on holidays and weekends, and may require split shifts.*

Please list any possible scheduling restrictions \_\_\_\_\_

May we contact your current employer?  Yes  No *If yes, please list phone number* \_\_\_\_\_

Have you ever applied to ABC before?  Yes  No *If yes, when?* \_\_\_\_\_

### Education

Education completed  High School  College  Trade School  Other \_\_\_\_\_

List any relevant degrees, special training, certifications, continuing education, etc.

List any relevant activities, hobbies, volunteer work, etc.

LAST NAME

FIRST NAME

## Work Experience

List your four previous employers starting with the most recent.

Month / Year	Employer name / City, State	Salary	Position	Reason for leaving
From To				
From To				
From To				
From To				

## References

List three personal or professional references who are not related to you.

Name	City, State	Relationship	Phone

I authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the Employer, be terminated at any time without any previous notice.

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

### OFFICE USE ONLY

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Notes

Shadow starts \_\_\_\_\_ Training starts \_\_\_\_\_ Training ends \_\_\_\_\_

Hire date \_\_\_\_\_ Rate \_\_\_\_\_ Approved by \_\_\_\_\_

1. Who comes first?  Companion animal  Person  Both companion animal and person equally
2. Even with safety protocols in place an accident can happen, what would you do if you were bitten by one of our animals?
3. What shifts are you available to work?  Mornings  Evenings  Weekends  Holidays  
*Our shelter animals need to be cared for daily, even on holidays and weekends, and may require short shifts or split shifts.*  
Please list any possible scheduling restrictions
4. Are you able to perform the essential functions of the position with or without accommodations?  Yes  No
5. What do you see as a solution to pet overpopulation?
6. Are you affiliated with any local or national humane organizations?  Yes  No *If yes, please list them*
7. Rearrange these items in order of their importance to you. *1= most important, 4= least important*  
a. Pet healthcare   b. Loving, petting, playing with pet   c. Behavioral training   d. Pet kept inside the home  
1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_
8. How would you correct a misbehaving cat?
9. How would you protect a dog or cat from a misbehaving human child or adult while they were visiting the Sanctuary?
10. Do you have any fear of certain dog breeds? If so, which breed(s) and why?
11. You may need to transport an animal in your vehicle. Do have your own transportation with working AC?  Yes  No
12. Would you be comfortable learning to clip toenails, clean ears, and give shots?  Yes  No
13. How important are positive relationships, with staff, volunteers, or visitors, to the Sanctuary's environment? And why?