## **Montgomery County SPCA**

## **JOB APPLICATION**

19 E. Ridge Pike PO Box 222 Conshohocken, Pennsylvania 19428 (610) 825-0111



Montgomery County SPCA is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

You may either fax or drop off the completed form at the appropriate location. See shelter details for specific information.

Please fill out all of the sections below:

Applicant Information	
Applicant Name:	
Address:	
City, State and Zip Code:	
Telephone Number:	
Email Address:	
Date of Application:	
Which <b>Montgomery County SPCA</b> Shelter Location Are	You Applying To?
Employment Position Position(s) applying for:	
How did you hear about this position?	
What days are you available for work?	
On what date can you start working if you are hired?	
Salary desired:	

## **Personal Information**

If yes, when?				
Are you a U.S. citizen or approved to work in the United States?  If yes, explain:				
What document can you provide as proof of citizenship or legal status?  Have you ever been convicted of a felony?				
Job Skills/Qualifications Please list below the skills	and qualifications you possess	for the position for wh	ich you are applyinį	g:
	y SPCA complies with the ADA essary for eligible applicants/e			
Education and Training				
Name	Location (City, State)	Year Graduated	Degree Earned	d
College/University				
Name	Location (City, State)	Year Graduated	Degree Earned	<u>d</u>
Other				
Name	Location (City, State)	Year Graduated	Degree Earned	<u>d</u>
Previous Employment				
Employer Name:				
Job Title:				
Supervisor Name:				
Employer Address:				

City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
• •	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
AT-WILL EMPLOYMENT	
· · · · · · · · · · · · · · · · · · ·	the Montgomery County SPCA is referred to as "employment at
	ment can be terminated at any time for any reason, with or without
	y you or the Montgomery County SPCA. No representative of
• • •	uthority to enter into any agreement contrary to the foregoing
	You understand that your employment is "at will," and that you statements or representations regarding your employment can alter
	cept for a written statement signed by you and either our Executive
Vice-President/Chief Operations Off	
Applicant Signature:	Dated: