



APPLICATION FOR EMPLOYMENT

All offers of employment are conditioned on the provision of satisfactory evidence of identity and legal eligibility to work in the United States, successful completion of a drug screening test, pre-employment physical exam, and background investigation including livescan fingerprinting.

PLEASE COMPLETE PAGES 1-4. DATE _____

Name _____
Last First Middle

Present _____
Number Street City State Zip

How long _____

Telephone (____) _____

If under 18, if hired can you, after employment, submit a work permit? _____

Position applied for _____

How many hours can you work weekly? _____ Can you work nights? _____

Weekends? _____

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

When available for work? _____

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				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes
 (conviction will not be used for sole basis in employment decision)

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

WORK EXPERIENCE Please list your work experience for the past ten 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	
		From To	
	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 Employer.			

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Name of Employer: Address: City, State, Zip, Code: Phone Number:	Name of Last Supervisor	Employment Dates	
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
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May we contact your present employer? Yes No
 Did you complete this application yourself? Yes No
 If not, who did? _____

I attest that the foregoing is true and accurate. I understand that if I provide false information on this application I will not be considered for employment and if any falsehood is discovered after I am hired I will be subject to termination.

Signature

Date

Mail, fax or email this application to:
 Silicon Valley Animal Control Authority
 Attn: Executive Director
 3370 Thomas Rd. Santa Clara, CA 95054
 Phone: 408-764-0344 Fax: 408-980-9192
 dan@svaca.com