

# ANIMAL FRIENDS OF THE VALLEYS EMPLOYMENT APPLICATION

33751 Mission Trail • Wildomar CA 92595  
 (951) 471.8344 • Fax: (951) 471.8285



**An Equal Opportunity Employer**

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Driver's License #		Desired Salary
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE
<p><b>AUTHORIZATION</b></p> <p>"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed, falsified statements on this application shall be grounds for dismissal.</p> <p>I authorize investigation of all statements contained herein and the references and employers listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release AFV from all liability for any damages that may result from utilization of such information.</p> <p>I also understand and agree that no representative of AFV has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized AFV representative."</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>

**DO NOT WRITE ON THIS PAGE FOR INTERVIEWER'S USE ONLY**

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

Comments:

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

Comments:

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

Comments:

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Date of Hire \_\_\_\_\_ Department \_\_\_\_\_ For Position of \_\_\_\_\_

Salary Wages \_\_\_\_\_ Will Report on Date \_\_\_\_\_

Approved by Director \_\_\_\_\_ Date \_\_\_\_\_

Approved by AFV Board Member \_\_\_\_\_ Date \_\_\_\_\_

Approved by Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Terminated on Date \_\_\_\_\_ Exit Interview by \_\_\_\_\_

All AFV items, i.e. Keys, Uniforms, Handbooks, Badges, etc. have been returned \_\_\_\_\_

Final Pay Check # \_\_\_\_\_ Date \_\_\_\_\_ AFV Staff \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_