



Elmbrook Humane Society  
 20950 Enterprise Ave  
 Brookfield, WI 53045  
 (262) 782-9261  
 www.ebhs.org

Please fill out all areas of this application completely in blue or black ink only. While you are welcome to submit a resume as well, it does not substitute for the thorough completion of your application.

APPLICATION DATE \_\_\_\_\_

PLEASE DO NOT REAPPLY WITHIN 6 MONTHS OF THE DATE OF YOUR LAST APPLICATION.

NAME			POSITION(S) DESIRED, IN ORDER OF PREFERENCE		
STREET ADDRESS			HOURLY WAGE/ANNUAL SALARY DESIRED		DATE AVAILABLE FOR WORK
CITY	STATE	ZIP	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>		LIST DAYS & HRS. PREFERRED
PHONE - HOME			TEMPORARY <input type="checkbox"/> IF SO, SPECIFY PERIOD		
PHONE - WORK			AGE: ARE YOU AT LEAST 18 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>		
MAY WE CONTACT YOU AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>			AGE: ARE YOU AT LEAST 21 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IN ORDER TO PERMIT A CHECK OF YOUR WORK AND EDUCATION RECORDS, SHOULD WE BE MADE AWARE OF ANY CHANGE IN NAME OR ASSUMED NAME THAT YOU PREVIOUSLY USED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IDENTIFY NAME(S) AND RELEVANT DATES.					
HAVE YOU BEEN EMPLOYED BY THE ELMBROOK HUMANE SOCIETY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, STATE WHERE, WHEN, FINAL POSITION, AND REASON FOR LEAVING:					
DO YOU HAVE ANY RELATIVES WHO EITHER CURRENTLY WORK OR HAVE PREVIOUSLY WORKED FOR THE ELMBROOK HUMANE SOCIETY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE SPECIFY:					
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT HERE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN?					

## WORK EXPERIENCE

List your previous experience (beginning with your most recent position).

1. EMPLOYER/COMPANY	
ADDRESS (Street, city, State & Zip)	PHONE
STARTING JOB TITLE	STARTING SALARY/WAGE
LAST JOB TITLE	FINAL SALARY/WAGE
DATES EMPLOYED (MO./YR.) FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	VOLUNTARY <input type="checkbox"/> INVOLUNTARY <input type="checkbox"/>
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

2. EMPLOYER/COMPANY	
ADDRESS (Street, city, State & Zip)	PHONE
STARTING JOB TITLE	STARTING SALARY/WAGE
LAST JOB TITLE	FINAL SALARY/WAGE
DATES EMPLOYED (MO./YR.) FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	VOLUNTARY <input type="checkbox"/> INVOLUNTARY <input type="checkbox"/>
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

3. EMPLOYER/COMPANY	
ADDRESS (Street, city, State & Zip)	PHONE
STARTING JOB TITLE	STARTING SALARY/WAGE
LAST JOB TITLE	FINAL SALARY/WAGE
DATES EMPLOYED (MO./YR.) FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	VOLUNTARY <input type="checkbox"/> INVOLUNTARY <input type="checkbox"/>
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

4. EMPLOYER/COMPANY	
ADDRESS (Street, city, State & Zip)	PHONE
STARTING JOB TITLE	STARTING SALARY/WAGE
LAST JOB TITLE	FINAL SALARY/WAGE
DATES EMPLOYED (MO./YR.) FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	VOLUNTARY <input type="checkbox"/> INVOLUNTARY <input type="checkbox"/>
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

