EMPLOYMENT HISTORY

Dates	Name & Address of Employer	Position held, Sup. Name	Job Duties	Reason for Leaving
From: To:	Name_____ Address_____City_____ State _____Phone_____			
From: To:	Name_____ Address_____City_____ State_____Phone_____			
From: To:	Name_____ Address_____City_____ State_____Phone_____			

May we contact your present employer? Yes No May we contact past employer(s)? Yes No
If more space is needed, please attach another sheet.

REFERENCES

Business references: (do not list relatives) (please indicate if you were employed under a different name)

Name	Address	Work Phone No.	Title	Years known

Give us your feelings about euthanasia:_____

I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of the Clinton Humane Society.

I understand and agree that if employed, the employment will be "at will". That is, either I or the Clinton Humane Society may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by the Clinton Humane Society does not imply employment and that this application and/or any other Clinton Humane Society documents are not contracts of employment.

_____ _____/_____/_____

APPLICANTS SIGNATURE DATE SIGNED