You may save & fax this application to 630-718-0564 or email to bill@adoptpetshelter.org.

Employment Application

420 Industrial Drive
Naperville, IL 60563

Phone: 630-355-2299
Fax: 630-718-0564

www.adoptpetshelter.org

Name:	
Address:	
City:	
State:	
Zip Code:	
Home Phone:	
Cell Phone:	
Email:	

- OFFICE USE ONLY -	
Interview:	
Hrs / Week:	
Wage:	

Do you have experience with animals?	◯ yes	◯ no
Are you able to work weekdays?	◯ yes	◯ no
Are you able to work weeknights?	◯ yes	◯ no
Are you able to work weekends?	◯ yes	◯ no
Do you mind cleaning animal cages?	◯ yes	◯ no
Do you mind working with dogs?	◯ yes	◯ no
Do you mind working with cats?	◯ yes	◯ no
Have you ever been employed with us ?	◯ yes	◯ no
Have you ever been convicted of a felony?	◯ yes	◯ no
Do you have any physical limitations?	◯ yes	◯ no
Are you over 18?	◯ yes	◯ no
Resume attached?	◯ yes	◯ no

Your level of Education? ◯ High School ◯ College

Are you interested in? ◯ Full Time ◯ Part Time

Position being applied for?

Please list your last three Employers

Employer:		How long were you there?	
Why did you leave?			
Employer:		How long were you there?	
Why did you leave?			
Employer:		How long were you there?	
Why did you leave?			

In exchange for the consideration of my job application by A.D.O.P.T. (Animals Deserving Of Proper Treatment) I agree that:

Neither the acceptance nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of the employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of ADOPT or otherwise change in any respect the employment-at-will relationship between it and the undersigned. The relationship cannot be altered except by a written instrument signed by President or Director of the organization. If employed, I understand that the organization may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I herby give ADOPT permission to contact schools, previous employers (unless otherwise indicated), references and others and hereby release all parties from any liability as a result of such contact.

Signature: Date:

Thank You for your interest in our organization, your application will be kept on file for six months.