



Name of Employer		Telephone Number ( )	
Address		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Ending Rate of Pay	Reason for leaving:
Describe the Work Performed			

## EDUCATION

School	Years Completed	Course of study	Diploma or Degree
High School			
Business/ Technical			
College/ University			
Other			

Are you eligible to work in the United States?  Yes  No

Are you at least 18 years old?  Yes  No

During the last ten (10) years have you been convicted of a crime, other than a minor traffic offense? A conviction does not necessarily disqualify you from consideration.  Yes  No  
If Yes, please provide details: \_\_\_\_\_

Have you ever been terminated from employment?  Yes  No  
If Yes, please provide details: \_\_\_\_\_

Have you ever been employed by the Maryland SPCA?  Yes  No

Have you ever volunteered with the Maryland SPCA?  Yes  No

Are you related to anyone who is an employee of the Maryland SPCA?  Yes  No  
If "Yes" Whom? \_\_\_\_\_

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodation?  Yes  No

If No, please explain: \_\_\_\_\_

(If you have any questions regarding the essential functions of the position for which you are applying, please ask before you answer this question.)

Why do you want to work for the Maryland SPCA? \_\_\_\_\_

**Professional References only - Please list three references not related to you:**

Name and Title	E Mail Address	Phone Number	Organization

**Please read carefully before signing.**

The Maryland SPCA provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, ancestry, national origin, age, disability, marital status, veteran status or genetic information in accordance with applicable federal, state and local laws.

**TERMS AND CONDITIONS**

1. I understand and agree that any misrepresentation or material omission made by me on this application will be sufficient cause for rejection of my application or, if the misrepresentation or material omission is discovered after I am offered employment, immediate discharge from Maryland SPCA’s employ.
2. I hereby give the Maryland SPCA the right to contact and obtain information from all my references, prior employers and educational institutions and to otherwise verify the accuracy of the information contained in my application. I hereby release the Maryland SPCA, and the Maryland SPCA’s agents and representatives, from all liability for seeking, gathering, obtaining and using such information, and I hereby further release from all liability all other persons and entities which have furnished such information.
3. This application for employment shall remain current for 30 days. If at the end of such 30-day period I have not been employed by the Maryland SPCA, and I still wish to be considered for employment, I understand and agree that it will be necessary for me to complete a new application.
4. I understand and agree that any employment I may be offered by the Maryland SPCA will be EMPLOYMENT AT-WILL. I understand this means my employment will be of no fixed term or duration, that both the Maryland SPCA and I have the right to terminate my employment at any time with or without notice and for any reason or for no reason. I further understand that no agreement to the contrary shall be valid or binding on or enforceable against the Maryland SPCA unless made in writing and signed by the Executive Director of the Maryland SPCA.
5. If I am employed by the Maryland SPCA, I agree to read and abide by the Maryland SPCA’s Employee Handbook, (the “Handbook”). I understand and agree that none of

the Maryland SPCA’s practices or policies set forth in the Handbook are intended to create an express or implied contractual right to any benefit or other term of condition of employment, and that all of such practices and policies are subject to change or elimination at any time by the Maryland SPCA.

- 6. I consent and agree to submit to any physical examinations, including but not limited to blood, urine, breath or other examinations or tests for alcohol, drugs or other substance use (“Examinations”) that may be required by the Maryland SPCA in connection with the processing of my application for employment. If I am employed by the Maryland SPCA, I further consent and agree to take any such Examinations that may be requested by the Maryland SPCA without notice. I consent and agree that all Examinations will be performed by a health care professional designated by the Maryland SPCA.
- 7. I understand and agree that if I am offered employment by the Maryland SPCA, I will be required to provide proof of identity and legal work authorization.
- 8. I represent and warrant to the Maryland SPCA that I have read and fully understand the foregoing Terms and Conditions and seek employment under, and subject to, the foregoing Terms and Conditions.

Signature of Applicant \_\_\_\_\_  
 Printed Name of Applicant \_\_\_\_\_  
 Date of Application \_\_\_\_\_

**UNDER MARYLAND LAW, A COMPANY MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. A COMPANY WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

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Signature of Applicant

**DISCLOSURE AND AUTHORIZATION FOR BACKGROUND  
INVESTIGATION  
(Maryland)**

DISCLOSURE

As part of the employment process, the Maryland SPCA, Inc., may obtain consumer reports which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. In addition, the Maryland SPCA may obtain consumer reports which may include information regarding my credit worthiness, credit standing, credit capacity and other financial information if the position for which I am applying and, if offered employment, the position I hold or to which I am offered promotion/transfer: (1) is managerial and involves setting the direction or control of the Maryland SPCA, or a department, division, or unit of the Maryland SPCA; (2) involves access to personal information of customers or employees of the Maryland SPCA; (3) involves a fiduciary responsibility to the Maryland SPCA, including the authority to issue payments, collect debts, transfer money, or enter into contracts; (4) is provided an expense account or a corporate debit or credit card; or (5) has access to the Maryland SPCA's confidential business information. The Maryland SPCA may use such consumer reports, in whole or in part, to deny my application for employment and, if offered employment, to set the terms and conditions of my employment or to terminate my employment.

AUTHORIZATION

During the application process and at any time during the tenure of my employment with the Maryland SPCA, I hereby authorize the Maryland SPCA and/or any entity directed by the Maryland SPCA (Consumer Reporting Agency) to obtain consumer reports such my include information regarding my character, general reputation, personal characteristics, or mode of living. In addition, the Maryland SPCA may obtain consumer reports which may include information regarding my credit worthiness, credit standing, credit capacity, and other financial information if the position for which I am applying and, if offered employment, the position I hold or to which I am offered promotion/transfer (1) is managerial and involves setting the direction or control of the Maryland SPCA, or a department, division, or unit of the Maryland SPCA; (2) involves access to personal information of customers or employees of the Maryland SPCA; (3) involves a fiduciary responsibility to the Maryland SPCA, including the authority to issue payments, collect debts, transfer money, or enter into contracts; (4) is provided an expense account or a corporate debit or credit card; or (5) has access to the Maryland SPCA's confidential business information. This report may be compiled with information from credit bureaus, courts records repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references and any other source required to verify information that I voluntarily supplied.

\_\_\_\_\_  
Applicant/Employee Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth