



Equal Opportunity Employer

# APPLICATION FOR EMPLOYMENT

The MD SPCA is an equal opportunity employer and will not discriminate against any application for employment on the basis of race, color, religion, creed, national origin, ancestry, alienage or citizenship status, age, disability, gender (including pregnancy, childbirth and related medical conditions), sexual orientation, gender identity, genetic information/characteristics, veteran or military status, marital status, or any other characteristic protected by applicable federal, state or local laws.

We will endeavor to make a reasonable accommodation/modification to the known physical or mental limitations of a qualified applicant with a disability to assist in the hiring process, unless the accommodation would impose an undue hardship on the operation of our business, in accordance with applicable federal, state and local law. If you believe you require such assistance to complete this Application or to participate in the interview process, please contact the Human Resources Department.

## General Information

Today's Date: \_\_\_\_\_ Position Applying for: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip code

Phone No. ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Desired Salary \$ \_\_\_\_\_  hourly  annually Work Availability:  Full-time  Part-time

Days and hours NOT available: \_\_\_\_\_

# Employment History

List your **most** recent position first.

Name of Employer No. 1		Telephone Number (    )
Address		Supervisor's Name and Title
Dates Employed From Month/Day/Year	To Month/Day/Year	Reason for leaving:
Describe the Work Performed		
Name of Employer No. 2		Telephone Number (    )
Address		Supervisor's Name and Title
Dates Employed From Month/Day/Year	To Month/Day/Year	Reason for leaving:
Describe the Work Performed		
Name of Employer No. 3		Telephone Number (    )
Address		Supervisor's Name and Title
Dates Employed From Month/Day/Year	To Month/Day/Year	Reason for leaving:
Describe the Work Performed		
Name of Employer No. 4		Telephone Number (    )
Address		Supervisor's Name and Title
Dates Employed From Month/Day/Year	To Month/Day/Year	Reason for leaving:
Describe the Work Performed		

## Educational History

	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

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?

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## Professional References

Please list three references not related to you who can best provide pertinent information as to your character and capability to perform the duties of the position you are seeking.

Name and Title	E Mail Address	Phone Number	Organization

Is there any reason why the Maryland SPCA should not contact any current or former employer or reference?  Yes  No

If yes, please identify the employer or reference and explain why not.

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Please indicate any additional knowledge, skills, qualifications, or awards that would be helpful to us in considering your application for employment.

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**APPLICANT'S CERTIFICATION**

1. I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete.
2. I understand that any misrepresentation or material omission made by me on this application or in an interview 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.
3. 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.
4. I hereby release the Maryland SPCA and all affiliated persons and entities, as well as any person or institution that provides Maryland SPCA with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.
5. 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.
6. 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.
7. I consent and agree to submit to any lawful pre-employment checks and post-offer examinations, including but not limited to blood, urine, hair, or other examinations or tests for alcohol, drugs or other substance use that may be required by the Maryland SPCA in connection with the processing of my application for employment. I consent and agree to execute any consent forms necessary for the Maryland SPCA to conduct its lawful pre-employment checks or post-offer examinations.
8. 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.

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.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF 30 DAYS.

**DISCLOSURE AND AUTHORIZATION  
FOR BACKGROUND INVESTIGATION**

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