

# DEFENDERS OF WILDLIFE

## Application for Employment

As an EQUAL OPPORTUNITY EMPLOYER,  
 it is our policy to abide by all Federal and State laws prohibiting employment discrimination.  
 Defenders of Wildlife does not discriminate on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or veteran status, the presence of non-job related medical condition or disability, or any other legally protected status and no question on this application is used for the purpose of excluding any applicant for the consideration for employment.

### PERSONAL INFORMATION

Date \_\_\_\_\_ Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_\_ Date Available to Start if Hired \_\_\_\_\_

Name \_\_\_\_\_  
*Last* *First* *Middle*

Home Telephone ( ) \_\_\_\_\_ Day Time Telephone ( ) \_\_\_\_\_

Current Address \_\_\_\_\_ How Long There? \_\_\_\_\_  
*Street* *City* *State* *Zip*

Previous Address \_\_\_\_\_ How Long There? \_\_\_\_\_  
*Street* *City* *State* *Zip*

List any other name(s) by which you have been known that will help us to verify your education and work records:

\_\_\_\_\_

### POSITION APPLYING FOR

Position Applying For \_\_\_\_\_ Salary Expected \_\_\_\_\_

Applying for: Full-time  Part-Time  Temporary

Are you legally authorized to work in the United States? Yes  No

If hired you will be required, within 3 days, to submit proof of your identity and eligibility to legally be and remain employed in the United States.

Are you 18 years of age or older? Yes  No

### PROFESSIONAL REFERENCES

List three individuals whom you have known for at least three years who are not related to you and who are familiar with your work.

| Name | Title | Association/Business | Telephone | Years Known |
|------|-------|----------------------|-----------|-------------|
|      |       |                      |           |             |
|      |       |                      |           |             |
|      |       |                      |           |             |

## EMPLOYMENT HISTORY

Start with your present or last position. Include military service assignments and relevant volunteer activities. Use additional paper if necessary to list all employers. Please include **month/day/year** of employment. You may omit those activities which indicate your race, religion, creed, national origin, ancestry, sex, or age.

Name of Present or Last Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Name and Title of Manager \_\_\_\_\_ May we Contact? Yes  No   
Dates of Employment \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Position(s) Held \_\_\_\_\_  
Salary: Starting \$ \_\_\_\_\_ Final \$ \_\_\_\_\_ Other Compensation (e.g. bonuses, stock) \_\_\_\_\_  
Description of Duties: resume attached  \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Name of Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Name and Title of Manager \_\_\_\_\_ May we Contact? Yes  No   
Dates of Employment \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Position(s) Held \_\_\_\_\_  
Salary: Starting \$ \_\_\_\_\_ Final \$ \_\_\_\_\_ Other Compensation (e.g. bonuses, stock) \_\_\_\_\_  
Description of Duties: resume attached  \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Name of Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Name and Title of Manager \_\_\_\_\_ May we Contact? Yes  No   
Dates of Employment \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Position(s) Held \_\_\_\_\_  
Salary: Starting \$ \_\_\_\_\_ Final \$ \_\_\_\_\_ Other Compensation (e.g. bonuses, stock) \_\_\_\_\_  
Description of Duties: resume attached  \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Name of Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Name and Title of Manager \_\_\_\_\_ May we Contact? Yes  No   
Dates of Employment \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Position(s) Held \_\_\_\_\_  
Salary: Starting \$ \_\_\_\_\_ Final \$ \_\_\_\_\_ Other Compensation (e.g. bonuses, stock) \_\_\_\_\_  
Description of Duties: resume attached  \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

## MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes  No  If YES, what branch? \_\_\_\_\_

What relevant skills did you acquire during your military service? \_\_\_\_\_

\_\_\_\_\_

## EDUCATION & TRAINING

|                | School Name & Address | Course/Major | Degrees/Diplomas | Dates Attended<br>Mo/Yr |
|----------------|-----------------------|--------------|------------------|-------------------------|
| High School    |                       |              |                  |                         |
| College        |                       |              |                  |                         |
| Post Graduate  |                       |              |                  |                         |
| Business/Trade |                       |              |                  |                         |

## OTHER QUALIFICATIONS

Summarize additional training, such as correspondence courses, in-company courses:

\_\_\_\_\_

Machines or equipment you operate. (Include only those that are relevant to the position for which you are applying.)

|  |            |               |
|--|------------|---------------|
|  | Typing WPM | Shorthand WPM |
|--|------------|---------------|

Computer software knowledge:

\_\_\_\_\_

List any special licenses and/or certificates. (Include only those that are relevant to the position for which you are applying.)

\_\_\_\_\_

Scholarships, academic honors.

\_\_\_\_\_

**PROFESSIONAL AND/OR SERVICE ORGANIZATIONS**

| Organization | Offices/Committees/Participation | Dates |
|--------------|----------------------------------|-------|
|              |                                  |       |
|              |                                  |       |

**CONVICTIONS**

Have you ever been convicted of a crime which has not been legally expunged? Yes  No

If YES, please explain fully. This information will not necessarily bar you from employment.

\_\_\_\_\_

\_\_\_\_\_

**ACCOMMODATIONS/RESTRICTIONS**

Is there anything that will prevent you from performing the job-related functions of the position(s) for which you are applying or which may require some accommodation? Yes  No

If YES, what may be done to accommodate you? \_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S CERTIFICATION**

*Please read carefully.*

I certify that the facts contained in this application are correct and complete to the best of my knowledge and belief. I further understand that, if employed by the organization, any incomplete statements, falsifications or misrepresentations on this application shall be grounds for dismissal, no matter when discovered and regardless of whether the accurate information would have been grounds for disqualification.

I authorize the investigation of my past employment, educational credentials, and other employment related activities. I agree to cooperate in such reference checks and hereby release those parties supplying such information to the company from all liability or damage that may result from furnishing such information.

I understand that if I am hired, I will be required to provide documents verifying my identity and eligibility to work in the United States, under the provision of the Immigration Reform and Control Act of 1986.

I understand that nothing in this employment application, or in the company's policy statements or employee handbook, or in my communications with any company official is intended to create an employment contract between the company and me for any particular period of time. I also understand that the company has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless it is made in writing and signed by a company officer. I understand that any employment with the company is not for any fixed period of time and may, regardless of the date of payment of my wages and/or salary, be terminated at any time without notice or I may resign at any time for any reason.

I also understand that if employed, I will be required to comply with all policies and procedures of the organization.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**This application is current for only 60 days. At the conclusion of this time, if you have not heard from the employer and still wish to be considered for employment, it will be necessary to complete a new application.**