



# Employment Application

Tony La Russa's Animal Rescue Foundation

2890 Mitchell Drive  
Walnut Creek, CA 94598  
FAX: (925) 977-9079

Legal Last Name	First	Middle	Today's Date	
Street Address		City	State	Zip Code
Phone: (Home)	Phone: (Cell)		Email Address	
Date Available	Driver's License #		Issuing State	

Are you legally eligible for employment in this country?  Yes  No

If you are under 18 can you furnish a work permit?  Yes  No

Position Applying For: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Full-Time: \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

Have you ever been employed by ARF?  Yes  No

If yes, when? \_\_\_\_\_

Have you ever applied for a position at ARF before?  Yes  No

Do you currently know anyone working with ARF?  Yes  No

If yes: Name \_\_\_\_\_ Relationship: \_\_\_\_\_

What experience have you had caring for animals? \_\_\_\_\_

What work experience have you had working with the public? \_\_\_\_\_

List any animal organizations to which you belong: \_\_\_\_\_

What interests or hobbies do you have which include animals? \_\_\_\_\_

What non-animal interests or hobbies do you have? \_\_\_\_\_

U.S. Military service?  Yes  No If yes, branch of service: \_\_\_\_\_

Duties and any special training relevant to the job for which you are applying:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE COMPLETE THE SECTIONS BELOW,  
REGARDLESS IF YOU ARE ATTACHING YOUR RESUME

EDUCATION

SCHOOL	NAME & LOCATION	SUBJECTS STUDIED	DEGREE
HIGH SCHOOL	Name of School		
	City, State		
COLLEGE	Name of School		
	City, State		
VOCATIONAL OR OTHER	Name of School		
	City, State		

EMPLOYMENT HISTORY

DATES	EMPLOYER NAME, ADDRESS & PHONE NUMBER	MANAGER	TITLE & DUTIES	REASON FOR LEAVING
From:	Company's Name	Manager's Name	Your Title	
To:	Street Address	Phone		
	City, State, Zip	Email	Duties	
From:	Company's Name	Manager's Name	Your Title	
To:	Street Address	Phone		
	City, State, Zip	Email	Duties	
From:	Company's Name	Manager's Name	Your Title	
To:	Street Address	Phone		
	City, State, Zip	Email	Duties	

May we contact your current employer? \_\_\_\_\_  
Yes No

Previous or volunteer employment working with animals or providing customer service:  
 (other than those listed above) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please list 3 business references we may contact, including at least two former supervisors:**

Name	Email Address	Phone #	Business Relationship	# of Years Known

**Please list any other relevant job experience or training:**

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**Acknowledgement:**

I hereby declare the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that misrepresentation or omission of facts on this application is cause for dismissal. I authorize the investigation of all statements on this application. Further, I release all parties and persons from any liability for damages that may result from furnishing such information to ARF as well as from the use of disclosure of such information by ARF or any of its agents, employees, or representatives.

In consideration of employment, I understand that I am free to terminate my employment with ARF at any time, with or without cause, with or without reason, and ARF has the right to terminate my employment at any time, with or without cause, with or without reason. Although ARF may choose to terminate employment for cause, cause is not required. This is called "at will" employment.

Apart from the policy of at-will employment and those policies required by law, ARF may change its policies or practices at any time without further notice. I also understand that all offers of employment are conditioned on provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

I understand that ARF conducts background checks on final applicants for which ARF wishes to hire. I also understand that if I'm chosen as a final applicant, I will need to sign a separate form authorizing ARF to conduct a background check.

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

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

When you have completed the application, including the next page, please save it and then attach it with your cover letter and resume. If you do not save the application prior to sending, a blank application may be sent. Please press the "Tab" key to move to the next page.

**EQUAL EMPLOYMENT OPPORTUNITY DATA**

**To be completed by applicant:**

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are collection this information for required equal opportunity employment reporting purposes. It will not become part of your personnel record if you are hired by this company and will only be used as required by law.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Sex:      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
            Male                              Female                              Choose not to Identify

- \_\_\_\_\_ American Indian or Alaskan Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African-American
- \_\_\_\_\_ Hispanic or Latino
- \_\_\_\_\_ White (Not Hispanic or Latino)
- \_\_\_\_\_ Native Hawaiian or other Pacific Islander
- \_\_\_\_\_ Two or More Races
- \_\_\_\_\_ Choose not to Identify

**To be completed by Employer:**

EEO-1 Category:

- \_\_\_\_\_ 1.1 Executive/Senior Level Officials and Managers
- \_\_\_\_\_ 1.2 First/Mid Level Officials and Managers
- \_\_\_\_\_ 2. Professionals
- \_\_\_\_\_ 3. Technicians
- \_\_\_\_\_ 4. Sales Workers
- \_\_\_\_\_ 5. Administrative Support Workers
- \_\_\_\_\_ 6. Craft Workers
- \_\_\_\_\_ 7. Operatives
- \_\_\_\_\_ 8. Laborers and Helpers
- \_\_\_\_\_ 9. Service Workers

Employer information completed by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_