

**JOB APPLICATION**  
High Country Humane  
US Highway 89, Flagstaff, Arizona 86004  
928-526-0742



High Country Humane is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

**Applicant Information**

Date of Application: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Employment Information**

Position(s) applying for: \_\_\_\_\_  
How did you hear about this position? \_\_\_\_\_  
What days are you available for work? \_\_\_\_\_  
What hours or shift are you available for work? \_\_\_\_\_  
If needed, are you available to work overtime? \_\_\_\_\_  
On what date can you start working if you are hired? \_\_\_\_\_  
Do you have reliable transportation to and from work? \_\_\_\_\_  
Salary desired? \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for High Country Humane before?  Yes  No  
If yes, when? \_\_\_\_\_  
Do you have any friends, relatives, or acquaintances working for High Country Humane?  Yes  No  
If yes, state name & relationship: \_\_\_\_\_  
Are you 18 years of age or older?  Yes  No  
Are you a U.S. citizen or approved to work in the United States?  Yes  No  
Will you consent to a mandatory controlled substance test?  Yes  No

*Note: High Country Humane is a DRUG FREE work environment and this is strictly enforced.*

Do you wear a mask?  Yes  No

*Note: We do not allow masks. If you are sick, you are required to take a sick day.*

Do you have any condition which would require job accommodations?  Yes  No  Prefer not to answer

*Note: Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified. How do you know if you have a disability? You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.*

Disabilities include, but are not limited to: Autism, Autoimmune Disorder (lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS), Cancer, Cardiovascular or Heart Disease, Celiac Disease, Cerebral Palsy, Deaf or Hard of Hearing, Depression, Anxiety, Diabetes, Epilepsy, Gastrointestinal Disorders, Intellectual Disability, Nervous System Condition (migraine headaches, Parkinson's disease, or multiple sclerosis MS), Psychiatric Condition (bipolar disorder, schizophrenia, PTSD).

If you are required to drive our HCH company vehicles, is there anything in your DMV driving record that would keep our company from getting an insurance rider on you?  Yes  No

If yes, please explain? \_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Yes  No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

*Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.*

**Education & Training**

High School:

Name	Location (City, State)	Year Graduated	Degree Earned

College/University:

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training:

Name	Location (City, State)	Year Graduated	Degree Earned

**Military**

Are you a previous member of the Armed Services? \_\_\_ Yes \_\_\_ No

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

**Previous Employment**

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer City, State: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Pay: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer City, State: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Pay: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer City, State: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Pay: \_\_\_\_\_

**Professional References**

Please provide 2 professional reference(s):

First Name	Last Name	Phone	Relationship/Workplace

**AT-WILL EMPLOYMENT:**

The relationship between you and High Country Humane is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or High Country Humane. No representative of High Country Humane has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will" and that you acknowledge that no oral or written statements or representations regarding your employment can alter your employment status, except for a written statement signed by you and either our Executive Director or Board Chair.

**AGREEMENT:**

I certify that the information contained on this application form is true, correct and complete to the best of my knowledge. I understand that any false or incomplete information may be grounds for disqualification or separation.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_