

Tri-County Animal Rescue Center 9562 Route 322 Shippenville, PA 16254 (814) 918-2032 contactus@tricounty-arc.org

Employment Application for Animal Care Custodian (This application must be completed in its entirety)

Name:			Date:					
Address:								
	No.	Street	Apt.	City	State	Zip		
Home Phone:_			Cell Phone:					
Email Address	S:							
the United Star	tes		resident, or a to	reign national w	ith authorization	to work in		
		y s starting with most	t recent:					
Employer:	Phone:							
Address:		Street		· · · · · · · · · · · · · · · · · · ·				
	No.	Street	Suite	City	State	Zip		
Position Title:			Supervisor:					
Start Date:		End Date:						
Reason For Le	eaving:							
May we contact	ct this emp	loyer for a reference	ce?Yes _	No				
Employer:				Phone:				
Address:								
	No.	Street	Suite	City	State	Zip		

Position Titl	le:		Suj	Supervisor:				
		End Date:						
Reason For	Leaving:							
Duties Perfo	ormed:							
May we con	ntact this emplo	oyer for a reference	ee?Yes	No				
		e (3) reference per may be listed a		y contact.				
Name:		Phone:			Relationship:			
Address								
	No.	Street	Apt.	City	State	Zip		
Name:		Phone:			Relationship:			
Address								
	No.	Street	Apt.	City	State	Zip		
Name:		Phone:			Relationship:			
					1			
	No.	Street	Apt.	City	State	Zip		
Briefly desc	eribe your expe	rience with anima	als:					
Briefly desc	ribe vour abili	ty to interact with	volunteers and	the public:				
		in this completed ufficient cause for			stand that any fal	sification or		
Signature of application:				Date signed:				