# LEVAN TOWN

## APPLICATION FOR ANIMAL CONTROL OFFICER

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS APPLICATION.

All requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is important that you answer all questions fully and accurately. Failure to do so may delay your consideration and could mean loss of employment opportunities. If an item does not apply to you, or if there is no information to be given, please write in the letters "NA" or Not Applicable. You must sign and date this application. You may attach your resume to the back of this application.

(Please type or print clearly in ink)

PO	SIT	ΓIC	)N:
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1. Title or type of position: Animal Control Officer

2. Type of employment: **Part-time** 

3. The pay for this position is: Monthly Salary of \$500 (Includes regular patrols and callouts). Additional for animal pick up and care. There will be a six month probationary period at which time we will evaluate and finalize employment if agreeable to all parties.

#### PERSONAL INFORMATION:

4.Name:				
	(First)	(Middle initial)	(Last)	
Address:				
	(Street/P.O. Box	(City)	(State)	(Zip)
Home Phone	e:	Other Phone: (	specify)	
5. Are you a	t least 21 years of a	ge?()Yes ()No		
6.Are you a	citizen of the U.S. or	are you a lawfully immigra	ted alien who is legal	ly eligible to work?
()Y	es ()No			
7.Have you	been convicted of a	felony within the last 10 yea	ars? () Yes ()	No
*Plea	se note: A conviction reco	ord will not necessarily be a bar to one of the violation, and rehabilitation	employment. Factors such	
8. Do you ha	ave any physical, me	ental or medical impairment	that would prevent	ou from
performin	g the essential func	tions of the job you are appl	ying for?() Yes ()	No
If ye *Plea by lav	se note: Levan Town will	make reasonable accommodation	for qualified handicapped	individuals as required
9. Do vou ha	ave a valid Driver's I	License? () Yes () No	Number	

### **EXPERIENCE**:

Begin with your present or most recent job and describe all periods of employment, such as paid (full or part time), volunteer (full or part time), self employment, and/or military service. Account for your time during any intervals of unemployment other than when attending school. Attach additional sheets if necessary, using the same format.

Employer:	<del></del>	
Telephone:		
Complete address:	From:To:	
	Mo. Yr. Mo. Yr.	
	Last monthly pay: \$	
Your Title:	Hours per week:	
Duties:	Supervisors Name and Title:	
	Reason for leaving or seeking other employment:	
Employer:		
Telephone:		
Complete address:	To:	
	Mo. Yr. Mo. Yr.	
	Last monthly pay: \$	
Vous Title.	Hours per week:	
Your Title:	Supervisors Name and Title:	
Duties:		
	Reason for leaving or seeking other	
Employer:	employment:	
Telephone:		
Complete address:		
	From: To: Mo. Yr. Mo. Yr.	
	Last monthly pay: \$	
Vour Title		
Your Title:	C	
Duties:		
	Reason for leaving or seeking other	
	employment:	

PLEASE EXPLAIN WHY YOU WOULD LIKE THE BE LEVAN TOWN'S ANIMAL CONTROI OFFICER:		
PLEASE LIST ANY EXPERIENCE, SKILLS, PERFOMING THE DUTIES OF THE ANIM	S, AND ABILITIES THAT WOULD AID YOU IN MAL CONTROL OFFICER:	
EDUCATION  Have you graduated from high school or comply  Name and location of high school:	pleted a GED or equivalent? () Yes () No	
If no, circle highest year completed: 1 2 3 4		
Oth ou Education.		
Other Education:		

#### **CERTIFICATION**

Levan Town reserves the right to reject any and all applications.

Levan Town is an Equal Opportunity Employer and provides that employment and promotion shall be based on merit and qualifications, and shall in no way be influenced by race, religion, sex, color, national origin, or age.

Be careful that you have answered all questions on your application correctly and consider all statements fully so that your eligibility can be decided on all the facts. **Sign your name below in ink.** 

The information I have given on this application is true and correct to the best of my knowledge. Levan Town is authorized to make investigation to verify the information contained in this application; any misrepresentation or falsification may subject me to disqualification or dismissal.

Date:	Signature of Applicant:
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