



EMPLOYMENT APPLICATION

Applicant Information

Full Name:		Date:
SS#:	DL#	
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email Address:		
Position Applied For:		Desired Wage:

Days Available	Specific Hours Available
Monday <input type="checkbox"/> YES <input type="checkbox"/> NO	
Tuesday <input type="checkbox"/> YES <input type="checkbox"/> NO	
Wednesday <input type="checkbox"/> YES <input type="checkbox"/> NO	
Thursday <input type="checkbox"/> YES <input type="checkbox"/> NO	
Friday <input type="checkbox"/> YES <input type="checkbox"/> NO	
Saturday <input type="checkbox"/> YES <input type="checkbox"/> NO	
Sunday <input type="checkbox"/> YES <input type="checkbox"/> NO	

Date Available to Start:

Are you at least 18 years old? YES NO

Are you a citizen of the United States? YES NO

If no, are you authorized to work in the U.S.? YES NO

Hav you ever been convicted of a crime, including misdemeanor and felony? YES NO

If so, please explain:

Education

High School:

Address:

City: State: Zip:

Did you Graduate? YES NO

College or Trade School:

Address:

City: State: Zip:

Did you Graduate? YES NO

Previous Employment

(applicant may attach resume or separate sheet)

Company:	Job Title:	
Address:		
City:	State:	Zip:
Contact Person:	Phone:	
May we contact your previous employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Company:	Job Title:	
Address:		
City:	State:	Zip:
Contact Person:	Phone:	
May we contact your previous employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Company:	Job Title:	
Address:		
City:	State:	Zip:
Contact Person:	Phone:	
May we contact your previous employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Related Experience

Please describe your experience with dogs/animals:

References

Name:	Relationship:	
City:	State:	Zip:
Home Phone:	Work/Cell Phone:	
Name:	Relationship:	
City:	State:	Zip:
Home Phone:	Work/Cell Phone:	

Disclaimer and Signature

I Certify that my answers are true and complete to the best of my knowledge

Print Name _____ Date: _____

Signature _____