

APPLICATION FOR EMPLOYMENT

Applicants may be tested for illegal drugs

DATE: __/__/__

PERSONAL INFORMATION:

NAME: FIRST _____ MIDDLE _____ LAST _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

SOCIAL SECURITY #: _____ ARE YOU OVER 18 YEARS OF AGE: YES ____ NO ____

POSITION & AVAILABILITY:

APPLYING FOR: _____

DAYS AND HOURS AVAILABLE: (check box next to available days and write in available hours)

<input type="checkbox"/>	MONDAY
<input type="checkbox"/>	TUESDAY
<input type="checkbox"/>	WEDNESDAY
<input type="checkbox"/>	THURSDAY
<input type="checkbox"/>	FRIDAY
<input type="checkbox"/>	SATURDAY
<input type="checkbox"/>	SUNDAY

AVAILABLE START DATE: __/__/__

EMPLOYMENT HERE REQUIRES YOU TO BE AVAILABLE WEEKENDS AND HOLIDAYS.

COMMENTS: _____

EDUCATION & TRAINING HISTORY:

HIGH SCHOOL: _____ YEAR GRADUATED: _____

COLLEGE: _____ YEAR GRADUATED: _____

OTHER: _____ MILITARY/BRANCH: _____

HAVE YOU PREVIOUSLY WORKED IN A KENNEL ENVIORNMENT: YES ____ NO ____ IF YES, EXPLAIN, WHEN AND WHERE: _____

HAVE YOU BEEN CONVICTED OF A CRIME: YES ____ NO ____ IF YES, EXPLAIN: _____

DRIVER'S LICENSE #: _____ DO YOU HAVE RELIABLE TRANSPORTATION TO GET BACK AND FORTH TO WORK: YES ____ NO ____

WORK HISTORY:

1. EMPLOYER: _____ JOB TITLE: _____

ADDRESS: _____ DATES: _____ TO _____

SUPERVISOR: _____ REASON FOR LEAVING: _____

2. EMPLOYER: _____ JOB TITLE: _____

ADDRESS: _____ DATES: _____ TO _____

SUPERVISOR: _____ REASON FOR LEAVING: _____

3. EMPLOYER: _____ JOB TITLE: _____

ADDRESS: _____ DATES: _____ TO _____

SUPERVISOR: _____ REASON FOR LEAVING: _____

REFERENCES:

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

HOW DID YOU HEAR ABOUT US? _____

COMMENTS: (Use this space to describe your qualifications, special skills and anything else you feel that is important for us to know.)

[illegible]