

It's A Dog's World - Dog Daycare



Employment Application

Please complete all pages.

Date: _____

Name: _____
Last First M.I.

Present Address: _____
Number Street City State Zip

How long have you lived at this address? _____ Social Security No.: _____ - _____ - _____

Telephone Number (_____) _____ - _____ Is this number a: mobile phone or home phone
(Please list the best number to reach you at) (circle which one)

If under 18, please list age: _____ Date of Birth (Month/Day/year): ____/____/____

Do you have a valid driver's license? ___ Yes ___ NO

What is your means of transportation to work? _____

Driver's License number: _____ State of Issue: _____

Have you worked for this company before? ___ Yes ___ No

Position applied for: _____

Pay desired: _____

Available start date: _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired: _____ Full- Time Only _____ Part - Time Only _____ Full or Part - Time

Please list Days / Hours available to work

No Preference _____

Monday ____:____ a.m. / p.m. - ____:____ a.m. / p.m. Tuesday ____:____ a.m. / p.m. - ____:____ a.m. / p.m.

Wednesday ____:____ a.m. / p.m. - ____:____ a.m. / p.m. Thursday ____:____ a.m. / p.m. - ____:____ a.m. / p.m.

Friday ____:____ a.m. / p.m. - ____:____ a.m. / p.m. Saturday ____:____ a.m. / p.m. - ____:____ a.m. / p.m.

Sunday ____:____ a.m. / p.m. - ____:____ a.m. / p.m.

Can you work on Holidays? _____ (Please check which holidays you are able to work)

New Year's Eve New Year's Day Good Friday Easter Memorial Day 4th of July
Labor Day Halloween Christmas Eve Christmas Day

Do you have any planned family vacations? _____ If so, what dates? _____

Have you ever been convicted of a crime? _____ No _____ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s) how recently such offense(s) was/were committed, sentence(s) imposed, and any type(s) of rehabilitation: _____

Education:

Type of School	Name of School	Address of School	years completed	Major or Degree
High School				
College				
Business Or Trade School				
Professional				

Interests or hobbies: _____

Do you volunteer? ____ Yes ____ No If yes, Where and how often? _____

Do you have computer software knowledge? ____ Yes ____ No
If yes, what software are you knowledgeable or comfortable using? _____

Do you have experience using a P.O.S? ____ Yes ____ No

This job position may require; long periods of standing, bending, lifting, and carrying weight.

Do you have any work restrictions? ____ Yes ____ No
If yes, please explain what restrictions you have: _____

Military:

Have you ever been in the armed forces? ____ Yes ____ No
Are you a member of the National Guard? ____ Yes ____ No
Specialty _____ Date entered: _____ Discharge Date: _____

Work History: (start with present or last position)

Employer: _____

Address: _____
(Street Number) (Street) (City) (State) (Zip)

Supervisor: _____

Phone Number: (____) _____

Last job title: _____

Employment Dates: From: _____ To: _____

Pay or Salary: Start: _____ Per _____ Final: _____ Per _____

Reason for leaving: _____

List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

May we contact this employer? _____

Employer: _____

Address: _____
(Street Number) (Street) (City) (State) (Zip)

Supervisor: _____

Phone Number: (____) _____

Last job title: _____

Employment Dates: From: _____ To: _____

Pay or Salary: Start: _____ Per _____ Final: _____ Per _____

Reason for leaving: _____

List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

May we contact this employer? _____

Employer: _____

Address: _____
(Street Number) (Street) (City) (State) (Zip)

Supervisor: _____

Phone Number: (____) _____

Last job title: _____

Employment Dates: From: _____ To: _____

Pay or Salary: Start: _____ Per _____ Final: _____ Per _____

Reason for leaving: _____

List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

May we contact this employer? _____

Special Skills and Qualifications:

List job-related licenses, skills, training, honors, awards, and special accomplishments.

References: (Please list references other than relatives or previous employers.)

Name: _____

Address: _____

Phone Number: (____) _____

Occupation: _____

How long have you known this person? _____

Name: _____

Address: _____

Phone Number: (____) _____

Occupation: _____

How long have you known this person? _____

Name: _____

Address: _____

Phone Number: (____) _____

Occupation: _____

How long have you known this person? _____

Did you complete this application yourself? ____ Yes ____ No

If no, who did? _____ (____) _____

(Name)

(Phone Number)

Employment Questionnaire:

1. Describe your past experience with animals and/or pet grooming. _____

2. Do you have a fear of animals? _____

3. Do you have any pet related allergies? _____

4. What is the date of your last tetanus booster injection? _____

5. Have you ever been bitten by a dog? _____ If yes, please explain the situation the bite took place at.

6. Do you have arthritis or similar conditions? _____

7. Do you have any back, elbow, knee or wrist problems? _____

8. Are you involved in any pet organizations, shows, or other aspects of the pet industry? _____

9. Do you own any pets/ animals? _____ What kind of pets/ animals do you own? _____

10. Are you able to accept job duty corrections and learn new techniques/skills? _____

If you feel that you need to list any more information pertaining to qualifications or special skills that you were not able to list on this application, please attach a sheet to the end or write on the back of this application. Thank you for applying.

I certify that the information contained in this application is true and complete to the best of my knowledge and understand that any false information on this application may be grounds for not hiring me.

(Print Name)

(Signature)

(Date)