

DATE \_\_\_\_\_



## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

NAME (LAST NAME FIRST)				
PRESENT ADDRESS	APT.NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT.NO.	CITY	STATE	ZIP
ARE YOU 18YRS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE		EMAIL	

### DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	DESIRED PAY
ARE YOU EMPLOYED NOW <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THE NATURAL DOG? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
HAVE YOU EVER WORKED FOR THE NATURAL DOG? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
IF YOU WORKED FOR THE NATURAL DOG, WHAT WAS YOUR REASON FOR LEAVING?		
NAME OF LAST SUPERVISOR AT THIS COMPANY?		
WHO REFERRED YOU TO THE NATURAL DOG? <input type="checkbox"/> FRIEND <input type="checkbox"/> WALK IN <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> COLLEGE PLACEMENT <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> STATE EMPLOYMENT AGENCY <input type="checkbox"/> FACEBOOK <input type="checkbox"/> OTHER _____		
DO YOU KNOW OR ARE YOU RELATED TO ANYONE THAT WORKS AT THE NATURAL DOG? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO _____ RELATIONSHIP _____		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	CAN YOU WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU WORK NIGHTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DEPARTMENT DESIRED	CAN YOU LIFT MORE THAN 40LBS? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU STAND FOR AN EXTENDED PERIOD OF TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
EXPERIENCE WITH PETS	LIST HOURS/DAYS THAT YOU ARE NOT AVAILABLE	

## EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL

SUBJECTS OF SPECIAL STUDY
SPECIAL TRAINING
SPECIAL SKILLS

PLEASE CHECK ALL PERSONALITY TRAITS THAT APPLY:			
BUBBLY	EXTRAVERTED	LEADER	HAPPY
LISTENER	SELF-MOTIVATED	DRIVEN	PATIENT
HONEST	LOYAL	OUTSPOKEN	CALM
COURTEOUS	ENTHUSIASTIC	DECISIVE	DEDICATED

ANY ADDITIONAL INFORMATION ABOUT YOURSELF YOU WOULD LIKE TO SHARE:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN. IT WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION.

# FORMER EMPLOYERS

LIST BELOW LAST 3 EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**REFERENCES**

BELOW, GIVE THE NAMES OF 3 PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	YEARS ACQUAINTED

**AUTHORIZATION**

I CERTIFY THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HERIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE

SIGNATURE

