CFLA, LLC - Happy Tails Boarding Kennel

PO Box 701837

Saint Cloud, FL 34770-1837 407-892-2034

Name (Last, First					
Street address					
City, State, Zip					
Home phone number			Work phone number		
Cell phone number			E-mail address		
Social Security number			Driver's license number/state/expiration		
Employment D	Nosirad				
Position applied f					
How did you hear	r about this position				
Date available for work			Desired hours (full time, part time, etc.)		
Education					
	Name & Address of school	С	ourse of Study	Total Years of Study	Degree/ Diploma
High School					
Undergraduate College					
Graduate/ Professional					
Other (Specify)					
	, classes or other educ if you need additional				qualify you

Employment Application

Employment History

List below all present and past employers over the past ten years, starting with you most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

May we contact your current employer? YES NO

	Start Date	End Date	Work Performed
Address			
City, State, Zip	Starting Salary	Ending Salary	1
Phone Number			
Fax Number	Supervisor		1
Job title	E-mail address	E-mail address of supervisor	
Exact reason for leaving	I		
Employer (current ¶Yes ¶No)	Start Date	End Date	Work Performed
Employer (current Yes No) Address	Start Date	End Date	Work Performed
	Start Date Starting Salary	End Date Ending Salary	Work Performed
Address	Starting	Ending	Work Performed
Address City, State, Zip	Starting	Ending	Work Performed
Address City, State, Zip Phone Number	Starting Salary	Ending Salary	Work Performed
Address City, State, Zip Phone Number Fax Number	Starting Salary Supervisor	Ending Salary	Work Performed

Employment Application			
Employment History			
Employer (current Yes No)	Start Date	End Date	Work Performed
Address			
City, State, Zip	Starting Salary	Ending Salary	-
Phone Number			
Fax Number	Supervisor	I	
Job title	E-mail address	of supervisor	_
Exact reason for leaving	- L		1
What value did you add to this compan			
Employer (current Yes No)	Start Date	End Date	Work Performed
Address			
City, State, Zip	Starting Salary	Ending Salary	
Phone Number			
Fax Number	Supervisor		
Job title	E-mail address of supervisor		-
Exact reason for leaving			
What value did you add to this compan	y or its customers?	?	

Employment Application		
Additional Information		
Have you in the last 7 years been convicted of Driving Under the	Yes	No
Influence "(DUI)"?		
If hired, would you have a reliable means of transportation to and from work?	Yes	No
in med, would job lave a remain of animportation to and nom work	105	110
If hired, would you be able to travel and work overtime as needed?	Yes	No
Here was available as a suited of a fallow on middle manner of	Vas	N.o.
Have you ever been convicted of a felony or misdemeanor? If Yes, please explain:	Yes	No
ii res, please explain.		
Do you have any pre-existing physical conditions that would prohibit	Yes	No
You in performing the duties of the position?		
If Yes, please explain:		

Employment Application

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years.

Name		Occupation
Company Name	Address	1
Telephone	E-Mail	Relationship & Years acquainted
Name		Occupation
Company Name	Address	
Telephone	E-Mail	Relationship & Years acquainted
Name		Occupation
Company Name	Address	
Telephone	E-Mail	Relationship & Years acquainted

Employment Application

Please read each statement closely and initial each acknowledging your understanding.

Equal Employment Opportunity Statement

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, was well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or Local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Discrimination and Sexual Harassment policy Statement

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment: (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that nay omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharged if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

I understand and agree that if I am employed, my employment will be "at-will" which means that either the Company or I may terminate the employment relationship at any time, with or without cause or notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without notice and with or without cause. I further understand that nay prior representation, whether expressed or implied is herby superceded and that no promise or representation contrary to the foregoing is binding on the company unless it is made in writing and is signed by me and the company's designated representative.

Testing

If offered a position with the Company, I hereby agree to any physical, psychological, skill, drug or medical test required by the Company as a legal condition of employment.

Work Schedules

I understand that work schedules are subject to change at any time and that overtime may be required.

Company Obligation

I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation of hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOAGREE TO BE BOUND BY THEM IF EMPLO	
Signature	Date