

# Doggie Spa & Play Care

## EMPLOYMENT APPLICATION

### APPLICANT INFORMATION

NAME: \_\_\_\_\_  
first middle last

ADDRESS: \_\_\_\_\_  
number/street city state zip

PHONE: \_\_\_\_\_  
home cell alternate

EMAIL: \_\_\_\_\_

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? \_\_\_\_\_  
(Proof of U.S. Citizenship or immigration status is required if hired).

ARE YOU 18 YEARS OF AGE OR OLDER? \_\_\_\_\_

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU FURNISH A WORK PERMIT? \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF OR PLEADED NO CONTEST TO A FELONY WITHIN THE  
LAST FIVE YEARS? (If yes, please state nature of offense, disposition of case, dates, and location) \_\_\_\_\_

### EMPLOYMENT INFORMATION

POSITION(S) APPLIED FOR: \_\_\_\_\_

ARE YOU SEEKING FULL-TIME, PART-TIME OR TEMPORARY EMPLOYMENT? \_\_\_\_\_

LIST HOURS AVAILABLE EACH DAY: SAT \_\_\_\_\_ SUN \_\_\_\_\_

MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_

LIST SPECIFIC TIMES YOU ARE NOT AVAILABLE TO WORK: \_\_\_\_\_

ARE YOU WILLING TO WORK WEEKENDS? \_\_\_\_\_ HOLIDAYS? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_

IF HIRED, WHAT DATE ARE YOU AVAILABLE TO START WORK? \_\_\_\_\_

HOW DID YOU HEAR OF THIS JOB OPPORTUNITY? \_\_\_\_\_

LIST ANY FRIENDS OR RELATIVES EMPLOYED BY THIS COMPANY: \_\_\_\_\_

IF HIRED, DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO WORK? \_\_\_\_\_

ARE YOU CURRENTLY RECEIVING UNEMPLOYMENT BENEFITS FROM YOUR PREVIOUS  
EMPLOYERS? (If yes, please explain situation) \_\_\_\_\_

## EMPLOYMENT HISTORY

1. PRESENT OR MOST RECENT POSITION: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
month/year month/year

EMPLOYER: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ SALARY: beginning: \_\_\_\_\_ ending: \_\_\_\_\_

POSITION DUTIES: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

2. PREVIOUS POSITION: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
month/year month/year

EMPLOYER: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ SALARY: beginning: \_\_\_\_\_ ending: \_\_\_\_\_

POSITION DUTIES: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

3. PREVIOUS POSITION: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
month/year month/year

EMPLOYER: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ SALARY: beginning: \_\_\_\_\_ ending: \_\_\_\_\_

POSITION DUTIES: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

4. PREVIOUS POSITION: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
month/year month/year

EMPLOYER: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ SALARY: beginning: \_\_\_\_\_ ending: \_\_\_\_\_

POSITION DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

5. PREVIOUS POSITION: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
month/year month/year

EMPLOYER: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ SALARY: beginning: \_\_\_\_\_ ending: \_\_\_\_\_

POSITION DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

6. PREVIOUS POSITION: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
month/year month/year

EMPLOYER: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

SUPERVISOR NAME/TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ SALARY: beginning: \_\_\_\_\_ ending: \_\_\_\_\_

POSITION DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

## EDUCATION

SCHOOL NAME/CITY/STATE

DATES ATTENDED

MAJOR/DEGREE/DIPLOMA

High School

month/year to month/year

College/Other

month/year to month/year

College/Other

month/year to month/year

SPECIAL SKILLS AND TRAINING: \_\_\_\_\_

## REFERENCES

NAME

RELATION

PHONE

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

MAY WE CONTACT THE EMPLOYERS LISTED ON THIS APPLICATION? \_\_\_\_\_

IF NOT, LIST THE EMPLOYERS YOU DO NOT WISH US TO CONTACT AND WHY: \_\_\_\_\_

I CERTIFY THAT ALL OF THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED BY THIS COMPANY, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

I AUTHORIZE THIS COMPANY TO MAKE AN INVESTIGATION OF ALL INFORMATION CONTAINED IN THIS EMPLOYMENT APPLICATION AND I RELEASE FROM LIABILITY ALL COMPANIES SUPPLYING SUCH INFORMATION. I SPECIFICALLY AUTHORIZE AND DIRECT MY CURRENT AND FORMER EMPLOYERS TO SUPPLY EMPLOYMENT-RELATED INFORMATION TO THIS COMPANY AND DO HEREBY RELEASE MY CURRENT AND FORMER EMPLOYERS FROM LIABILITY FOR PROVIDING INFORMATION TO THIS COMPANY. FURTHERMORE, I HEREBY AUTHORIZE AND DIRECT THIS COMPANY TO SUPPLY EMPLOYMENT-RELATED INFORMATION TO ANY POTENTIAL EMPLOYER AND DO HEREBY RELEASE THIS COMPANY FROM LIABILITY FOR PROVIDING INFORMATION TO POTENTIAL EMPLOYERS WHILE STILL EMPLOYED BY THIS COMPANY OR UPON TERMINATION OF MY EMPLOYMENT WITH THIS COMPANY FOR ANY REASON.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THIS COMPANY AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date