



Paw Prints
 www.pawprintsspa.com
 419-943-4772

 Date

 Last Name

 Phone Number

SSN: _____ Driver's License Number: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Position Applying For: _____ Date You Can Start: _____

Do you have any Moving Violations? Yes No If Yes Explain: _____

Can we run a background check? Yes No

Do you have any physical conditions that would prohibit you from lifting up to 50 lbs? Yes No

Do you have reliable transportation? Yes No

Are you 18 years or older? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Are you employed now? Yes No

May we contact your current employer or previous employers? Yes No

Education

Grammar School Name & Location: _____ Years Attended: _____ Did you Graduate? _____

High School Name & Location: _____ Years Attended: _____ Did you Graduate? _____

College Name & Location: _____ Years Attended: _____ Did you Graduate? _____

Trade, Business, or Correspondence School: _____ Years Attended: _____ Did you Graduate? _____

Subjects I have studied, Special Skills I have, and Activities (civil, athletic, etc.) I have been involved in: _____

Experience

1) Job Title: _____ Employer: _____ Salary: _____

Address: _____ City _____ State: _____ Zip: _____

Phone: _____ Type Of Business: _____ Duties: _____

Dates: (mo/yr) _____ To (mo/yr) _____ Reason For Leaving: _____

2) Job Title: _____ Employer: _____ Salary: _____

Address: _____ City _____ State: _____ Zip: _____

Phone: _____ Type Of Business: _____ Duties: _____

Dates: (mo/yr) _____ To (mo/yr) _____ Reason For Leaving: _____

3) Job Title: _____ Employer: _____ Salary: _____

Address: _____ City _____ State: _____ Zip: _____

Phone: _____ Type Of Business: _____ Duties: _____

Dates: (mo/yr) _____ To (mo/yr) _____ Reason For Leaving: _____

4) Job Title: _____ Employer: _____ Salary: _____

Address: _____ City _____ State: _____ Zip: _____

Phone: _____ Type Of Business: _____ Duties: _____

Dates: (mo/yr) _____ To (mo/yr) _____ Reason For Leaving: _____

References: Please list 3 References that are not related to you

1) Name: _____ Address: _____

Business: _____ Years Acquainted: _____ Phone Number: _____

2) Name: _____ Address: _____

Business: _____ Years Acquainted: _____ Phone Number: _____

3) Name: _____ Address: _____

Business: _____ Years Acquainted: _____ Phone Number: _____

By signing below, I certify that all the above is true and complete to the best of my knowledge.

Date: _____

Applicant Signature: _____

What days are you available to work (mark all that apply):

Monday Tuesday Wednesday Thursday

Friday Saturday Sunday

What times are you available on the days you can work?

Monday: _____ Friday: _____

Tuesday: _____ Saturday: _____

Wednesday: _____ Sunday: _____

Thursday: _____

Would you be able to work in our Mobile Unit? Yes No

Do you have insurance on your vehicle? Yes No

Can you show proof of insurance if asked to? Yes No

Have you ever worked with dogs & cats? Yes No

If Yes, please explain:

Are you applying for other jobs? Yes No

Do you know anyone who has worked for Paw Prints? Yes No

If Yes, Who? _____

Applicant's Signature _____

Date _____