		Last Name
Date	Paw Prints -	Phone Numb
	www.pawprintsspa.com	
	419-943-4772	

ne 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? Do you have any physical conditions Do you have reliable transportation? Are you 18 years or older? Yes Are you prevented from lawfully become country because of visa or immigration. Are you employed now? Yes N	Yes No No oming employed in		lbs? Yes No			
May we contact your current employer Education Grammer School	er or previous empl	Years	Did you			
Name & Location:		Attended:	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	e, and Activities (civil, at	thletic, etc.) I have been invol	ved in:			

Experience

		Employer:		Salary:
	City		State:	Zip:
Type Of B	usiness:		Duties:	
To (mo/yr)		Reason For Leaving:		
		Employer:		Salary:
	City		State:	Zip:
Type Of B	usiness:		Duties:	
To (mo/yr)		Reason For Leaving:		
		Employer:		Salary:
	City		State:	Zip:
Type Of B	usiness:		Duties:	
To (mo/yr)		Reason For Leaving:		
		Employer:		Salary:
	City		State:	Zip:
Type Of B	usiness:		Duties:	
To (mo/yr)		Reason For Leaving:		
nse list 3 Referend	ces that a	re not related to y	ou ou	
		Address:		
	Years Acquainted:		Phone Number:	
		Address:		
	Years Acquainted:		Phone Number:	
		Address:		
	Years Acquainted:		Phone Number:	
elow, I certify that a	III the abo	ve is true and comp	lete to the best of	my knowledge.
	_	Applicant Signature:		
	Type Of B Type Of B To (mo/yr) Type Of B To (mo/yr) Type Of B To (mo/yr) see list 3 Reference	Type Of Business: To (mo/yr) City Type Of Business: To (mo/yr) City Type Of Business: To (mo/yr) City Type Of Business: To (mo/yr) see list 3 References that a Years Acquainted: Years Acquainted: Years Acquainted:	Type Of Business: To (mo/yr) Reason For Leaving: Employer: City Type Of Business: To (mo/yr) Reason For Leaving: Employer: City Type Of Business: To (mo/yr) Reason For Leaving: Employer: City Type Of Business: To (mo/yr) Reason For Leaving: Employer: City Type Of Business: To (mo/yr) Reason For Leaving: ase list 3 References that are not related to y Address: Years Acquainted: Acquainted: Address: Years Acquainted: Acquainted: Address: Years Acquainted: Acquainted: Address: Years Acquainted: Acquainted: Acquainted: Address: Years Acquainted: Acquainted:	City State: Type Of Business: Duties: To (mo/yr) Reason For Leaving: Employer: City State: Type Of Business: Duties: To (mo/yr) Reason For Leaving: Employer: City State: Type Of Business: Duties: To (mo/yr) Reason For Leaving: Employer: City State: Type Of Business: Duties: To (mo/yr) Reason For Leaving: Employer: City State: Type Of Business: Duties: To (mo/yr) Reason For Leaving: see list 3 References that are not related to you Address: Years Acquainted: Phone Number: Address: Years Acquainted: Phone Number:

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	Pą	W	Prii	nts			Last Name	
Date							Phone Numbe	· ·
							FIIOHE NUMBE	:1
	Que	<u>esti</u>	<u>onn</u>	<u>aire</u>				
Please Share a little About Yoursel	f:							
	···							
What interests you about working f	or Paw F	rints1	?					
Do you consider yourself a patient	person?					Yes		No
Are you ok with working alone?						Yes		No
Will it bother you if you have to work over?					Yes		No	
Do you consider yourself a responsible person?						Yes		No
Do you handle stress well?					Yes		No	
Do you work well with others?						Yes		No
Can you handle working with aggressive animals?					Yes		No	
Are you aware that you can get bit	by an an	imal?)			Yes		No
Would washing a pet covered with	parasites	both	er you	ı?		Yes		No
Would washing a pet covered in uri	ne/feces	bothe	er you	?		Yes		No
Do you get grossed out easily?						Yes		No
Does dog hair bother you?						Yes		No
Are you allergic to pet dander?						Yes		No
Do you currently own a dog/cat?						Yes		No
)								
What kind of goals have you set for	yourself	for w	<u>rithin t</u>	ne nex	t 5 y	ears?		
ls there anything else you would lik	e to add	?						
Please fill or	ut additie	onal (guesti	ons o	n ba	ck side	·>	
	. ,							

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?	No
Can you show proof of insurance if asked to?	No
Have you ever worked with dogs & cats? Yes N	No
If Yes, please explain:	
Are you applying for other jobs? Yes N	No
Do you know anyone who has worked for Paw Prints? Yes N	No
If Yes, Who?	
Applicant's Signature Date	