

# EMPLOYMENT APPLICATION

Date: \_\_\_\_\_

Personal Information						
Last Name			First Name			
Address						
City		State		Zip Code		
Previous Address						
City		State		Zip Code		
Phone (Please check the primary number)			Contact Options:			
<input type="checkbox"/> Home: <input type="checkbox"/> Mobile:			<input type="checkbox"/> Phone <input type="checkbox"/> e-mail			
E-mail			Driver's License No.			
Have you ever been convicted of a crime other than a minor traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain and list convictions, starting dates, nature of the offense and where occurred. Please exclude convictions that have been sealed, expunged, or legally eradicated. A conviction will not necessarily disqualify an applicant for employment.) _____ _____						
Can you, upon employment, verify your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eighteen years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No      Can you show proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No						
How were you referred? <input type="checkbox"/> Ad <input type="checkbox"/> Employee Referral <input type="checkbox"/> Other _____ Have you ever worked in Pet Service Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No When: _____ Where: _____						
Position applying for: <input type="checkbox"/> Groomer <input type="checkbox"/> = " " <input type="checkbox"/> ) # " " <input type="checkbox"/> V " " " "						
Salary expectations:						
Indicate hours of availability to work:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:
Skills and/or Licenses						
Indicate areas in which you are skilled and/or licensed: <input type="checkbox"/> Vet Tech Licensed <input type="checkbox"/> Vet Tech Eligible <input type="checkbox"/> Calculator <input type="checkbox"/> Cash Register <input type="checkbox"/> Phone Console <input type="checkbox"/> Computer Skills ( <input type="checkbox"/> Word Processor <input type="checkbox"/> Spreadsheet) <input type="checkbox"/> Other: _____						
Personal References						
List the names of three people, other than relatives or former employers, who have known you for at least five years.						
Name	Address	Phone	Nature of Relationship	Number of Years Known		
_____						
_____						
Education						
School	City	State	Major	Degree	Yrs. Completed	
College: _____						
High School: _____						
Other: _____						

### Employment Record

In order for this application to be considered, you must account for all time during the past ten years or since leaving school, whichever period is shorter.

Starting with your present employer, list your most recent employers.

If currently employed, may we contact your present employer?  Yes  No

Name of Present or Last Employer	Address	City & State	Zip	Phone
Kind of Business	Supervisor's Name	Date Started	Starting Position	Starting Pay Rate
Final Position	Final Pay Rate	Date Left	Reason for Leaving	

					OK to contact ?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Employer	Address	City & State	Zip	Phone	
Kind of Business	Supervisor's Name	Date Started	Starting Position	Starting Pay Rate	
Final Position	Final Pay Rate	Date Left	Reason for Leaving		

					OK to contact ?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Employer	Address	City & State	Zip	Phone	
Kind of Business	Supervisor's Name	Date Started	Starting Position	Starting Pay Rate	
Final Position	Final Pay Rate	Date Left	Reason for Leaving		

### Additional Experience and/or Qualifications

List any other experience, skills or qualifications which you believe should be considered in evaluating your qualifications for employment. You may want to include prior military service, awards, certificates or special recognition that you received in connection with previous employment, or your own interest in animals as a pet owner.

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I hereby authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my background, and release the same from any liability resulting from providing such information. I acknowledge that GOOCHIE POOCHIE Doggie Resort & Spa may be required to submit certain information with regard to my employment or application to various federal and government agencies. I hereby authorize GOOCHIE POOCHIE Doggie Resort & Spa, to provide such information and release the Corporation, assigns and subsidiaries from any liability resulting from submitting such information.

I hereby certify that all statements and answers set forth on this application form are complete and true, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_