

Pet Wow

Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Please mail completed application to:
(insert physical or email address here)
 or fax application to:
(insert fax # here)

OFFICE USE ONLY:
 Date received:
 Reviewed by:

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Cell Phone () _____ Social Security No. _____ - _____ - _____

Home Telephone () _____

Are you under age 18 ____ YES ____ NO, if "YES", can you provide proof of your eligibility to work? ____ YES ____ NO

Are you currently authorized to work in the United States? ____ YES ____ NO. Proof of eligibility will be required if hired.

Position applying for (circle)
 Groomer/Bather
 Technician/ Pet Taxi
 Call Center/Welcom Center (Receptionist)
 Kennel/Maintenance

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Desired Pay. _____

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? No Yes A Conviction record will not necessarily disqualify you from employment.

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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Do you have any pet allergies? Yes No

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL)

Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE
POSITIONS
ONLY

Multi Phone Lines Yes No How many Lines _____

Typing Yes No _____ WPM 10-key Yes No _____ WPM Word Processing Yes No _____ WPM

Personal Computer Yes No PC Mac Other Skills _____

Please list two references other than relatives.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone () _____ Telephone () _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience, and other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience **Please list your work experience beginning with your most recent job held.**
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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	Your Last Job Title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer?

Yes No

Did you complete this application yourself

Yes No **If not, who did?**

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied ____ Yes ____ No. if you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

