



Dan's Dog Walking and Pet Sitting

Application for Employment

Date: / /

Personal Information

Name (last name) _____ First _____ M.I. _____

Present Address _____

City State Zip Code _____

Permanent Address _____

City State Zip Code _____

Phone () _____ Cell Phone () _____

E-mail Address _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If **no**, please explain _____

Are you authorized to work in the United States? Yes No

Have you ever been employed by this company? Yes No

If **yes**, give dates and positions _____

List any Friends or relatives working here: _____

Have you ever worked in a veterinary hospital? Yes No

If yes, briefly describe job description _____

Are you presently employed? Yes No

If so, may we inquire of your present employer? Yes No

Name _____

Address _____

Phone Number () _____

Are you able to bend, walk, lift or stand for periods of time, as this is part of the job?

Yes No

If _____ not, _____ please _____ explain

Position(s) applied for _____

Desired Salary \$ _____ Date available for work ___/___/___

Type of employment desired: F/T P/T Temp

Starting with your most recent employer, provide the following information.

May we contact former employers for a reference? Yes No

Company

Address Phone ()

Position Immediate Supervisor and Title

Dates Employed: Start End Salary \$

Why did you leave?

Summarize type of work and job responsibilities

Company

Address Phone ()

Position Immediate Supervisor and Title

Dates Employed: Start End Salary \$

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Address Phone ()

Position Immediate Supervisor and Title

Dates Employed: Start End Salary \$

Why did you leave?

Summarize type of work and job responsibilities

Educational Background

Starting with your most recent school attended, provide the following information.

Year Graduated _____

Diploma GED

Degree _____

Certification _____

Year Graduated _____

Diploma GED

Degree _____

Certification _____

Year Graduated _____

Diploma GED _____

Degree _____

Certification _____

Employment History

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?

Yes No

If _____ yes, _____ please _____ provide _____ date(s) _____ and details _____

Skills and Qualifications

Summarize any special training, skills, licenses and or certificates that may assist you in performing the position for which you are applying.

Computer Skills Word Processing Spreadsheet Power Point

Other Software _____

Titles _____

References

Military Service

Branch _____

From: _____ To: _____

Rank at Discharge _____

What type of training or education did you receive in the military?

List name and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors.

If not applicable, list three school or personal references that are *not* related to you.

Name Title Relationship to you

Telephone

No. of years known

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on the basis prohibited by applicable local, state or federal law. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president or administrator. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the forgoing applicant Statement.

Yes **No**

Typing your name in the space below indicates that you are in agreement with all of the above statements and are signing this document electronically.

Name _____ **Date** _____