



EMPLOYMENT APPLICATION

- Page 2 -

What is your means of transportation to work? _____

DO YOU HAVE A DRIVER'S LICENSE? ____ Yes ____ No

Have you had any accidents or moving violations? _____ If so, how many? _____

Please list two references other than friends, relatives, or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ - _____ Telephone (____) _____ - _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying:



EMPLOYMENT APPLICATION
- PAGE 3 -

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

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

Speciality Date entered Discharge Date

WORK INFORMATION: Please list your work experience for the past five years 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: From to

Your Last Job Title:

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

Pay or Salary:

Reason for leaving (be specific)

May we contact your present employer? Yes No

Name of employer

Address

City, State, Zip Code

Phone Number

Name of Last Supervisor

Employment Dates: From to

Your Last Job Title:

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

Pay or Salary:

Reason for leaving (be specific)

EMPLOYMENT APPLICATION
- PAGE 4 -

EMPLOYMENT QUESTIONNAIRE

1. **What is the date of your last tetanus booster injection?**
2. Describe your past experience with animals.
3. Describe your past experience with pet grooming (if applying for that job).
4. Do you fear animals?
5. You will have to clean up after the animals. Do you have any problems with that?
6. You may be asked to bathe the dog. Would you have any issues with that?
7. Do you have any pet-related allergies?
8. Do you have any back, elbow, or wrist problems?
9. What did you like about your last job?

10. What did you dislike about your last job?

11. What are your hobbies?

12. What are your goals one year from now?

13. Are you involved in any pet organizations, shows, or other aspects of the pet industry?

14. Are you able to accept feedback (both positive and constructive)?
15. Did you complete this application yourself? ____ Yes ____ No If not, who did?
16. If under 18, do you have your parent/guardian's permission to work?

Signature of parent/guardian _____ Date _____

WE REQUIRE WORKING PAPERS FOR ALL STUDENTS.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____

Print Name _____