



Employment Application

Date ___/___/20___

Last name _____ First _____ M.I. _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ - _____ D.L.# _____ State Issued in _____

Position Seeking? _____

Are you over the age of 18? _____

Have you ever been convicted of a Felony? Yes No

Explain? _____

Are you legally available for employment in the USA? _____

Are you able to perform essential functions of the position? Yes No

Are you able to safely lift 50#? Yes No

Have you ever worked in a shelter or similar field? Yes No

What is your previous animal care experience? _____

Why do you want to work here? _____

Are you willing to work **Holidays?** Yes No **Weekends?** Yes No

Do you have any allergies to animals? Yes No What? _____

Are you currently in school? Yes No

Are you currently in the military? Yes No

Personal References

1. Name Last _____ First _____

Phone (____) _____ - _____ Occupation _____

How long have you been acquainted? _____ Relationship _____

2. Name Last _____ First _____

Phone (____) _____ - _____ Occupation _____

How long have you been acquainted? _____ Relationship _____

3. Name Last _____ First _____

Phone (____) _____ - _____ Occupation _____

How long have you been acquainted? _____ Relationship _____

Education

High School _____ Years complete _____ Graduated Yes No

College _____ Years complete _____ Degree _____



Employment History

List last three employers with latest or current employer first

Employer Name _____ Phone (____)____ - _____
 Dates employed From _____ to _____
 Address _____ City _____ State _____ Zip _____
 Position Held _____ Job Duties _____

 Reason for leaving _____

Employer Name _____ Phone (____)____ - _____
 Dates employed From _____ to _____
 Address _____ City _____ State _____ Zip _____
 Position Held _____ Job Duties _____

 Reason for leaving _____

Employer Name _____ Phone (____)____ - _____
 Dates employed From _____ to _____
 Address _____ City _____ State _____ Zip _____
 Position Held _____ Job Duties _____

 Reason for leaving _____

Check the hours you are available

	8-9	9-10	10-11	11-12	12-1	1-2	2-3	3-4
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

I CERTIFY THE ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date ____/____/20____