



Directions: Please save a copy of this form to your computer by selecting "File/Save As" before entering text and numbers. Then fill in your information electronically and select "Save." Note that this form requires the current Adobe Reader® version to function properly. Download the most recent version of Adobe Reader® at <https://get.adobe.com/reader/>.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

PERSONAL INFORMATION

NAME	DATE OF BIRTH		
ADDRESS	CITY	STATE	ZIP
CELL PHONE NUMBER	EMAIL ADDRESS		
Are you legally eligible to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any experience with dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

POSITION

EMPLOYMENT DESIRED FULL TIME PART TIME SEASONAL/TEMPORARY

POSITION YOU ARE APPLYING FOR	AVAILABLE START DATE	DESIRED PAY
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SHIFT AVAILABILITY – Please mark with an "X" the shifts you CAN work.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6:00 – 11: 30 am							
2:00 – 6: 30 pm							
7:30 – 9: 15 pm							

EDUCATION

SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE RECEIVED	MAJOR

REFERENCES

NAME	TITLE	COMPANY	PHONE

Continued →

EMPLOYMENT HISTORY

EMPLOYER (1)		JOB TITLE	DATES EMPLOYED
WORK PHONE	REASON FOR LEAVING		ENDING PAY RATE
ADDRESS	CITY	STATE	ZIP

EMPLOYER (2)		JOB TITLE	DATES EMPLOYED
WORK PHONE	REASON FOR LEAVING		ENDING PAY RATE
ADDRESS	CITY	STATE	ZIP

EMPLOYER (3)		JOB TITLE	DATES EMPLOYED
WORK PHONE	REASON FOR LEAVING		ENDING PAY RATE
ADDRESS	CITY	STATE	ZIP

EMPLOYER (4)		JOB TITLE	DATES EMPLOYED
WORK PHONE	REASON FOR LEAVING		ENDING PAY RATE
ADDRESS	CITY	STATE	ZIP

EMPLOYER (5)		JOB TITLE	DATES EMPLOYED
WORK PHONE	REASON FOR LEAVING		ENDING PAY RATE
ADDRESS	CITY	STATE	ZIP

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 employment being terminated.

NAME (Please Print)	DATE
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SIGNATURE
