



EMPLOYMENT APPLICATION

APPLICANT DATA

Date _____

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-Mail _____

Date Available to Start: _____ Social Security # _____

Salary Requirement: _____ # Hours/week available _____

Depending on the position you are applying for the working hours could vary slightly. Every employee is expected to work every other weekend and holidays. Please let us know the times are you available:

Monday	<input type="checkbox"/> 6:30 -2:00/7:00 – 3:00	<input type="checkbox"/> 2:00 – 10:00	<input type="checkbox"/> 9:00 – 5:00	Other:
Tuesday	<input type="checkbox"/> 6:30 -2:00/7:00 – 3:00	<input type="checkbox"/> 2:00 – 10:00	<input type="checkbox"/> 9:00 – 5:00	Other:
Wednesday	<input type="checkbox"/> 6:30 -2:00/7:00 – 3:00	<input type="checkbox"/> 2:00 – 10:00	<input type="checkbox"/> 9:00 – 5:00	Other:
Thursday	<input type="checkbox"/> 6:30 -2:00/7:00 – 3:00	<input type="checkbox"/> 2:00 – 10:00	<input type="checkbox"/> 9:00 – 5:00	Other:
Friday	<input type="checkbox"/> 6:30 -2:00/7:00 – 3:00	<input type="checkbox"/> 2:00 – 10:00	<input type="checkbox"/> 9:00 – 5:00	Other:
Saturday	<input type="checkbox"/> 6:30 -2:00/7:00 – 3:00	<input type="checkbox"/> 2:00 – 10:00	<input type="checkbox"/> 9:00 – 5:00	Other:
Sunday	<input type="checkbox"/> 6:30 -2:00/7:00 – 3:00	<input type="checkbox"/> 2:00 – 10:00	<input type="checkbox"/> 9:00 – 5:00	Other:

We are open 365 days a year and are very busy during the holidays and Summer Season. Please list below any holiday or specific time periods that you will **not** be able to work?

<input type="checkbox"/> Easter Sunday	<input type="checkbox"/> Memorial Day	<input type="checkbox"/> 4 th of July	<input type="checkbox"/> Labor Day	<input type="checkbox"/> Thanksgiving Day
<input type="checkbox"/> Christmas Eve	<input type="checkbox"/> Christmas Day	<input type="checkbox"/> New Years Eve	<input type="checkbox"/> New Years Day	Other:

Please list any vacations or time off you know you would require:

Type of employment desired: Full-Time Part-Time Seasonal

If you are under 18 and we require a work permit, can you furnish one? yes no

If no, please explain _____

Have you ever pled guilty, no contest, or been convicted of a crime? Yes No

If yes give dates & details _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation will be considered.

EDUCATION:

High School: _____ **Address:** _____

of Years Completed: _____ Did you Graduate? Yes No

College/University: _____ **Address:** _____

of Years Completed: _____ Did You Graduate? Yes No

Degree: _____ Major: _____

REFERENCES

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____

Do you have any special training or education concerning animals? _____

Explain how you train your own pets:

Explain your experience with dogs playing in off-leash groups: _____

Explain your knowledge of canine body language and/or canine stress signals?

Do you have dogs living in your home? How do you discipline them? Please write a little about them _____

Have you ever cared for a dog that was not your own? _____

Have you ever dealt with a dog with a medical emergency or injury? Please describe. _____

Have you ever been in a situation with an aggressive or fearful dog? Please describe. _____

Do you have any physical limitations that might affect your physical contact with the dogs at Playful Pups Retreat? _____

Are you fearful of any specific types of dogs? _____ If so, what types? _____

Why would this be a good job for you? _____

PREVIOUS EMPLOYMENT (begin with most recent position)

Dates of Employment: From ___/___/___ **To** ___/___/___ **Position** _____

Firm: _____ Address: _____

Phone: _____ Responsibilities: _____

Starting Salary & Title: _____ Ending Salary & Title _____

Reason for Leaving _____ May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ **To** ___/___/___ **Position** _____

Firm: _____ Address: _____

Phone: _____ Responsibilities: _____

Starting Salary & Title: _____ Ending Salary & Title _____

Reason for Leaving _____

Dates of Employment: From ___/___/___ **To** ___/___/___ **Position** _____

Firm: _____ Address: _____

Phone: _____ Responsibilities: _____

Starting Salary & Title: _____ Ending Salary & Title _____

Reason for Leaving _____

Please be aware that Playful Pups Retreat, LLC is a non-smoking facility, smoking in the building or on the property by employees is prohibited during all scheduled working hours.

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview may result in discharge.

Signature of Applicant: _____ Date: _____