

# Greymont Kennels Employment Application Form

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE ALL PAGES.

DATE \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Maiden

Present address \_\_\_\_\_

Number

Street

City

State

Zip

How long at this address \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Pager \_\_\_\_\_

Birthdate \_\_\_\_\_ Marital Status \_\_\_\_\_

Are you currently a student? \_\_\_\_\_ Full time \_\_\_\_\_ part time \_\_\_\_\_

Position Desired \_\_\_\_\_

Salary Desired \_\_\_\_\_

How many hours a week can you work? \_\_\_\_\_

Can you work nights? \_\_\_\_\_ Can you work weekends? \_\_\_\_\_

If answer is no please explain \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

How soon can you be available for work? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

Please tell us about any pet experience:

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DO YOU . . .

Follow instructions well? \_\_\_Yes \_\_\_No Like cats? \_\_\_Yes \_\_\_No

Accept corrections? \_\_\_Yes \_\_\_No Fear dog bites? \_\_\_Yes \_\_\_No

Fear animals? \_\_\_Yes \_\_\_No Mind lifting pets? \_\_\_Yes \_\_\_No

Have pet related allergies? \_\_\_Yes \_\_\_No Keep tetanus shot updated? \_\_\_Yes \_\_\_No

Have a weak stomach? \_\_\_Yes \_\_\_No

Why would you like to work at Greymont Kennels?

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## Employment History

\_\_\_\_\_  
Employer Supervisor's Name

\_\_\_\_\_  
City State Phone Number

Last position held \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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\_\_\_\_\_  
Employer Supervisor's Name

\_\_\_\_\_  
City State Phone Number

Last position held \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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\_\_\_\_\_  
Employer Supervisor's Name

\_\_\_\_\_  
City State Phone Number

Last position held \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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I affirm that my answers contained in this application are true and correct. I understand that if employed, any false information provided on this application may result in my immediate termination. I understand that employment will be subject to proof of legal age and eligibility to work in the United States.

Signature \_\_\_\_\_ Date \_\_\_\_\_