

Greymont Kennel 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

E-Mail

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? _____

References: 1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

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:

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 Kennel?

Employment History

Employer Supervisor's Name

City State Phone Number

Last position held _____ Employment Dates: From _____ To _____

Reason for leaving _____

Employer Supervisor's Name

City State Phone Number

Last position held _____ Employment Dates: From _____ To _____

Reason for leaving _____

Employer Supervisor's Name

City State Phone Number

Last position held _____ Employment Dates: From _____ To _____

Reason for leaving _____

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 _____