



Employment Application

Full Name:

Address:

Phone:

Date Available to Start:

City:

Mobile/Pager/Other:

Social Security Number:

State: Zip:

E-mail:

Salary Requirements:

Have you ever worked for this company? Yes No If yes, when?

Are you a citizen of the United States? Yes No

If not, are you legally allowed to work in the United States? Yes No

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

Availability:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes, give dates and details:

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

Driver's license number (if applicable to position): State:

Do you prefer cats or dogs _____

Do you have experience working with animals? Please explain:

Do you have any limitations to keep you from completing the assigned tasks. _____

Do you understand in the job you will be bending, twisting, lifting, and working with unpredictable animals and you will need to follow policies and procedures to minimize your risk of injury? yes _____ no _____

Work Experience:

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: Company Name: Address:
City: State: Zip:
Phone: Supervisor: Title:
Responsibilities:
Starting Salary and Title: Ending Salary and Title:
Reason for Leaving:
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dates of Employment: Company Name:

City:

Phone: Responsibilities:

Starting Salary and Title: Reason for Leaving:

From ___/___/___

To ___/___/___

State: Supervisor:

Position(s) Held: Address:

Zip: Title:

Ending Salary and Title:

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: Company Name: Address:
City: State: Zip:
Phone: Supervisor: Title:
Responsibilities:

Starting Salary and Title: Ending Salary and Title:
Reason for Leaving:
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

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 and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals 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(s) may result in discharge.

Signature of Applicant: _____ Date: _____

Equal Opportunity Employer