



4 Paws Community Center Employment Application



APPLICANT INFORMATION / AVAILABILITY	
Full Name:	Date:
Address:	
City:	State: Zip Code:
Home:	Cell:
E-mail Address:	Date Available:
Have you ever worked for a dog daycare or kennel? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where?	How did you hear about us?
Are you available to work weekends and holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally qualified to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Days Available	Specific Times Available
Monday <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tuesday <input type="checkbox"/> Yes <input type="checkbox"/> No	
Wednesday <input type="checkbox"/> Yes <input type="checkbox"/> No	
Thursday <input type="checkbox"/> Yes <input type="checkbox"/> No	
Friday <input type="checkbox"/> Yes <input type="checkbox"/> No	
Saturday <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sunday <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:	
I understand that any offer of employment is contingent upon my presentation of one or more of the original documents required by the Immigration Reform and Control Act of 1986. Furthermore, I understand that should I not present these original documents on or before my first day of work, the actual commencement of my employment will be delayed until I provide this documentation.	

EDUCATION	
High School:	
City:	State: Zip Code:
From: To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College:	
City:	State: Zip Code:
From: To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
Other Special Training:	

REFERENCES	
Name:	Affiliation:
Address:	
City:	State: Zip Code:
Home:	Cell:
Name:	Affiliation:
Address:	
City:	State: Zip Code:
Home:	Cell:
Name:	Affiliation:
Address:	
City:	State: Zip Code:
Home:	Cell:

PREVIOUS EMPLOYMENT

Company:		
Address:		
City:	State:	Zip Code:
Supervisor:	Phone:	
Job Title:	Responsibilities:	
From:	To:	Reason for Leaving:
May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company:		
Address:		
City:	State:	Zip Code:
Supervisor:	Phone:	
Job Title:	Responsibilities:	
From:	To:	Reason for Leaving:
May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company:		
Address:		
City:	State:	Zip Code:
Supervisor:	Phone:	
Job Title:	Responsibilities:	
From:	To:	Reason for Leaving:
May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		

GENERAL QUESTIONS

Do you have any Special Training or education concerning animals?
Why would this be a good job for you?
Do you have dogs living in your home? How do you discipline them? Please write a little about them.....
Do you have cats or other pets living in your home? Please write a little about them.....
Have you ever cared for a dog or cat that was not your own?
Have you ever dealt with a dog or cat with a medical emergency or injury? Please describe...
Have you ever been in a situation with an aggressive or fearful dog?
Do you have any physical limitations that might limit your physical contact with the dogs at 4 Paws Community Center? Are you fearful of dogs?
Anything else we need to know?

DISCLAIMER AND SIGNATURE

I hereby certify that the answers given by me to the foregoing questions and statements are true and correct, without mental reservation of any kind whatsoever and hereby authorize 4 Paws Community Center to verify the same. If employment is obtained under this application, I will comply with all orders, rules, and regulations of the company. I authorize my former employers and educational institutions to give any information they have regarding me. I hereby release them and their organizations from liability for any damage whatsoever for issuing same. If upon investigation, anything contained in this application is found to be untrue, I will be subject to dismissal at any time during my period of employment. I understand that employment at 4 Paws Community Center is at-will and may be terminated at any time for any reason by either party. The at-will employment status will not and cannot be superseded or revoked or made invalid by any verbal or written statement by any supervisor, manager, or Board Member unless in writing, signed by both parties. I understand that, if hired, I may not hold other employment, nor engage in other activities that create a conflict of interest unless given permission in writing

Signature: _____ Date: _____