



## Employment Application

### PERSONAL INFORMATION

Today's Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_  
**LAST** **FIRST** **MIDDLE INITIAL**

Present Address: \_\_\_\_\_  
**STREET** **CITY** **STATE** **ZIP CODE**

Present Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
**STREET** **CITY** **STATE** **ZIP CODE**

Permanent Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Best Time to Reach You: \_\_\_\_\_ am / pm

Position Applying For: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

Were you previously employed by this company?  Yes  No

If yes, give position(s) and date(s) worked: \_\_\_\_\_

Have you ever been convicted of a Felony?  Yes  No

If yes, describe in full: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Other: \_\_\_\_\_



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### **PERSONAL REFERENCES**

Please give three (3) references, excluding relatives and former employers, whom you have known at least one (1) year.

Name and Address	Phone	Occupation	Years Known

**\*Conviction of a crime will not result in automatic disqualification.**

### **LICENSURE**

List all states in which you are currently licensed or have been licensed. Please attach copy of all current licenses.

STATE	LICENSE #	EXP DATE	STATE	LICENSE #	EXP DATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Please attach a copy of policy.**

Do you have Auto Liability Insurance? (*applicable for Home Care*)  Yes  No

If yes, Policy #: \_\_\_\_\_ Policy Exp Date: \_\_\_\_\_

Company: \_\_\_\_\_

**Please attach a copy of policy.**

### **EDUCATION**

EDUCATION	NAME AND ADDRESS OF SCHOOL	YEARS ATTENDED	YEAR COMPLETED	DID YOU GRADUATE	RECEIVED DEGREE IN
HIGH SCHOOL	Name:	From:	<input type="checkbox"/> 1yr <input type="checkbox"/> 3yrs	<input type="checkbox"/> Yes	Degree:
	City/State:	To:	<input type="checkbox"/> 2yrs <input type="checkbox"/> 4yrs	<input type="checkbox"/> No	Major:
COLLEGE	Name:	From:	<input type="checkbox"/> 1yr <input type="checkbox"/> 3yrs	<input type="checkbox"/> Yes	Degree:
	City/State:	To:	<input type="checkbox"/> 2yrs <input type="checkbox"/> 4yrs	<input type="checkbox"/> No	Major:
GRADUATE SCHOOL	Name:	From:	<input type="checkbox"/> 1yr <input type="checkbox"/> 3yrs	<input type="checkbox"/> Yes	Degree:
	City/State:	To:	<input type="checkbox"/> 2yrs <input type="checkbox"/> 4yrs	<input type="checkbox"/> No	Major:
OTHER (Specify)	Name:	From:	<input type="checkbox"/> 1yr <input type="checkbox"/> 3yrs	<input type="checkbox"/> Yes	Degree:
	City/State:	To:	<input type="checkbox"/> 2yrs <input type="checkbox"/> 4yrs	<input type="checkbox"/> No	Major:

### **EMPLOYMENT HISTORY**



## Employment Application

List most recent employment first - All employment must be recorded (use additional sheets if necessary).

Present Employer:	From:	To:	Salary/Hrs. per week:
Address:	Job Title:		Supervisor:
City/State/Zip:	Area Worked:		Work Experience:
Phone:			
Previous Employer:	From:	To:	Salary/Hrs. per week:
Address:	Job Title:		Supervisor:
City/State/Zip:	Area Worked:		Work Experience:
Phone:			
Previous Employer:	From:	To:	Salary/Hrs. per week:
Address:	Job Title:		Supervisor:
City/State/Zip:	Area Worked:		Work Experience:
Phone:			
Previous Employer:	From:	To:	Salary/Hrs. per week:
Address:	Job Title:		Supervisor:
City/State/Zip:	Area Worked:		Work Experience:
Phone:			

### EMERGENCY

Please notify in case of emergency:

1.	Name _____	Relationship _____	
	Address _____	Home Phone _____	
	City/State/Zip _____	Work Phone _____	
2.	Name _____	Relationship _____	
	Address _____	Home Phone _____	
	City/State/Zip _____	Work Phone _____	

The Civil Rights Acts of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination in employment on the basis of age with respect to certain individuals. The laws of most States also prohibits some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

I certify that all answers to questions in this application are true. I understand that any false or misleading information or omissions in this application shall result in ineligibility for employment or immediate dismissal. I authorized Mary Mac's Doggie Retreat and its agents, servants and employees to investigate all statements made in this application and to contact former employers, educational institutions, licensing and any and all other institutions, persons or agencies, and hereby Mary Mac's Doggie Retreat and its agents, servants, and employees, and said herein before identified organizations and persons to release any and all records, documents, and information relative to such inquiries, and I further hereby release any and all of said parties from any liability or responsibility in connection therewith.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date