# **DOGVILLE DAYCARE JOB APPLICATION FO**

(PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE)

	IFORMATION REQUEST			
Dogville is staffed 2 Employees and Ma work shifts on holio work up to 2 overni PLEASE COMPLETE	MAY BE TESTED FOR 24 hours a day, 365 da nagers are expected a days and weekends. S aght shifts per month. PAGE 1-4	ays a year. to be available to come positions may	- Do Barca	qville * re & Boardh®
Applicant Name:				
Last	First	Middle		
Applicant Contact I	nformation:			
Email Address:				
Present Address:				
	lumber Street		City St	ate Zip
Cell phone: (	_)	-		
Home Phone: (	_)			
If under 18, please	list age			
Position applied for				
	work?			
How many hours ca	in you work weekly? _	Can you	work <mark>OVER NIGHT</mark> ?	(10p – 6a)
	d - FULL-TIME ONLY _			
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF	MAJOR & DEGREE
		(Complete mailing	YEARS	
Lligh Cohool		address)	COMPLETED	
High School				
College				
Bus. Or Trade				
School				
Professional				
School				

## DOGVILLE DAYCARE JOB APPLICATION FORM

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## APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

\_\_\_\_ No \_\_\_\_Yes (We do criminal background checks)



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?NoYe	S				
What is your means of transportation to work?					
Driver's license number	State of issue				
OperatorCommercial (CDL) Chauffe	r 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?					
Typing YesNo WPM Word Pro	cessing YesNo WPM				
Personal Computer YesNo Customer Service Training YesNo					
Other Related Skills					
Please list two references other than relatives or previous employers.					
Name:	Name:				
Position:					
Company:	Company:				

\_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_\_ Telephone (\_\_\_\_\_)\_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

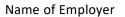
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### WORK EXPERIENCE

Please list your work experience for the past five years beginning with the most recent job you held. If you were selfemployed, give firm name. Attach additional sheets if necessary.



Address

City, State, Zip Code

Phone Number

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

#### \*\*\*

Name of Employer		
Address		
City, State, Zip Code		
Phone Number		

Reason for leaving (be specific)

Name of last	Employment dates	Pay or salary	
supervisor			
	From	Start	
	То	Final	
Your Last Job Title:			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_Yes \_\_\_\_\_No



Name of last	Employment dates	Pay or salary		
supervisor				
	From	Start		
	То	Final		
Your Last Job Title:				

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## **EMPLOYMENT QUESTIONNAIRE**

1. Describe your past experience with animals and/or pet grooming.

- 2. Are you afraid of certain breeds or sizes of dogs?
- 3. Do you have any pet-related allergies?
- 4. What is the date of your last tetanus booster injection?
- 5. Do you have any pre-existing back, elbow, or wrist problems?
- 6. What did you like most about your last job?
- 7. What did you dislike about your last job?
- 8. What are your hobbies?
- 9. What are your career goals one year from now? Five years?
- 10. Are you involved in any pet organizations, shows, or other aspects of the pet industry?

Initial here to indicate that by applying for a job with Dogville Daycare & Boarding, you understand that Dogville is staffed 24 hours a day, 365 days a year. Employees and Managers are expected to be available to work shifts on holidays and weekends. Some positions may work up to 2 overnight shifts per month. \_\_\_\_\_

Signature \_\_\_\_\_

Date\_\_\_\_\_



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