

ROBS ROCKIN DOGS

Employment Application



APPLICANT INFORMATION

Last Name				First			M.I.	DOB	___ / ___ / ___
Street Address						Apartment/Unit #			
City				State			ZIP		
Phone				E-mail Address					
Date Available				Social Security No.			Desired Salary		
Position Applied for									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						

EDUCATION

High School				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES

Please list three professional references.

Full Name				Relationship					
Company				Phone					
Full Name				Relationship					
Company				Phone					
Full Name				Relationship					
Company				Phone					

WORK AVAILABILITY

State the hours you are available to work 8-16 hours 16-20 hours 20-35 hours

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From (to)							
To (time)							

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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OFFICE USE ONLY

Interviewed by:	References checked by:
Comments:	
Hired?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Job Status:	Full Time Part Time
Department:	Rate of Pay: