

ROB'S 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 (Time)							
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"/>			

FAVORITE MUSIC

Who are you favorite bands or musicians?

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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