

CARI'S CANINE COLLEGE

Employment Application



APPLICANT INFORMATION											
Last Name				First				M.I.		Date	
Street Address								Apartment/Unit #			
City				State				ZIP			
Phone				E-mail Address							
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"/>	
Car Make & Model								Plate #			
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											
<i>Please list three professional references.</i>											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											

PREVIOUS EMPLOYMENT		
Company	Phone	
Address	Supervisor	
Job Title		
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		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

ADDITIONAL QUESTIONS		
Are you able to stay overnight in a client's home?	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
Are there any days you cannot work?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If yes, explain
What kind of experience do you have working with animals?		
Do you have any tickets on your driving record?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for another pet service?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If yes, explain
Have you done any pet/house sitting on your own?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If yes, explain
Why are you applying for this position?		

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

EMAIL TO cariscaninecollege@yahoo.com