



Wags to Whiskers, LLC – Employment Application

Name:	Street Address:	City, State, Zip:	Phone:
Email Address:	Emergency Contact:		
Position Applied For:	When would you start:	Salary Requirement:	

Are you eligible to work in the United States?

Circle One

Yes No

If you are under age 18, do you have an employment/age certificates?

Circle One

Yes No

Have you been convicted of or pleaded no contest to a felony within the last five years?

Circle One:

Yes No

If "Yes" Please Explain:

Do you have any medical conditions or do you take any medication which may prohibit you from performing job duties of the position applied for? Yes No If yes, please explain:

Days/Hours Available (write the hours available for each day available):

Sun. N/A Mon. _____ Tues. _____ Wed. _____ Th. _____ Fri. _____ Sat. _____

EDUCATION:

	Name and Address of School	Major Degree/Diploma	Graduation Date
High School	_____ / _____ / _____		
College	_____ / _____ / _____		
Vocational	_____ / _____ / _____		

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Current or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason For Leaving: _____

Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason For Leaving: _____

Do you have any medical conditions that may cause an emergency situation while at work?

Yes _____ No _____

If "Yes", please explain _____

Please note your emergency contact name(s) and phone number(s) _____

May We Contact Your Present Employer?

Yes _____ No _____

References:

Name/Title	Address	Phone	Occupation
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____ Date _____