

## Employment Application Please PRINT Clearly

First Name: Last Name:						
Maiden or Previous Name:						
Address:						
City: State: Zip:						
Home Phone: Cell Phone:						
Email:						
Do you have any pets living with you? ☐Yes ☐No If yes, please describe:						
How did your find out about Fetch & Friskers? Friend Family Saw Sign Other:						
Why would you like to work at Fetch & Friskers?						
What characteristics would make you a good team member at Fetch & Friskers?						
How many hours are you available a week?						
What days are you available each week?  ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday ☐Saturday ☐Sunday						
Times you are available:						
When would you be available to start?						
Are you at least 18 years of age? ☐Yes ☐No						
If hired, can you provide proof that you are eligible to work in the United States?						
Can you lift 50 pounds? ☐Yes ☐No Can you stand for extended periods of time? ☐Yes ☐No						
What languages can you speak fluently?						
Have you ever been convicted of a felony or misdemeanor in the past 7 years? □Yes □No If yes, please explain, a conviction will not necessarily result in the denial of employment.						

## **Employment History**

List names of employers with present or most recent listed first. A resume may be attached in addition, but not in place of, providing the information below. Please do not complete this information with the notation "See Resume." PLEASE NOTE: Fetch & Friskers reserves the right to contact all current and former employers for reference information.

May we contact current employers before you are offered a position? ☐Yes ☐No Position/Job Title: Name of Employer: **Duties:** Address: Dates of Employment: From: To: City, State, Zip Hourly pay or salary: Starting pay: Ending pay: Supervisor: Reason for leaving: Telephone: Name of Employer: Position/Job Title: **Duties:** Address: Dates of Employment: From: To: City, State, Zip Hourly pay or salary: Starting pay: Ending pay: Supervisor: Reason for leaving: Telephone: Name of Employer: Position/Job Title: **Duties:** Address: Dates of Employment: To: From: City, State, Zip Hourly pay or salary: Starting pay: Ending pay: Supervisor: Reason for leaving: Telephone:

Education History						
Name of School	City/State	Did you	If no, # of years	Degree received	Major	
	·	graduate?	left to graduate	-	,	
High School:		□Yes □No				
GED:		□Yes □No				
Other School:		□Yes □No				
College:		□Yes □No				
College:		□Yes □No				
Other credentials/licenses/professional affiliations/technical or clerical skills that are relevant to the job(s) for which you are applying:						
Professional References						
	ovide three (3) references wh					
Name & Occupation	you know them, ar	nd for how long?	Phone number/Email			
Emergency Contact Information						
Full name:						
Address:						
Primary Phone: Secondary Phone:						
Relationship:						
Application Agreement						
CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM						
I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false statement or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.						
I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employer, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.						
I have read, understand, and agree to the above statements in this Application Agreement.						
Signature:			Date:			
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