

# DOGVILLE DAYCARE JOB APPLICATION FORM

(PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE)

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**Dogville is staffed 24 hours a day, 365 days a year. Employees and Managers are expected to be available to work shifts on holidays and weekends. Some positions may work up to 2 overnight shifts per month.**

**PLEASE COMPLETE PAGE 1-4**



DATE \_\_\_\_\_

Your Name:

\_\_\_\_\_  
Last First Middle

**Contact Information**

Present Address: \_\_\_\_\_  
Number Street City, State, Zip

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1)  
\_\_\_\_\_

And salary desired (2)  
\_\_\_\_\_

Days/Hours available to work (Be specific)	
No Pref _____	Thurs _____
Mon _____	Fri _____
Tue _____	Sat _____
Wed _____	Sun _____

When can you start work? \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment Desired - FULL-TIME ONLY \_\_\_\_\_ PART-TIME ONLY \_\_\_\_\_ FULL OR PART-TIME \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

# DOGVILLE DAYCARE JOB APPLICATION FORM

(PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE)



**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

\_\_\_ No \_\_\_ Yes (**We do criminal background checks**)

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE? \_\_\_ No \_\_\_ Yes

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_

\_\_\_ Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffer Expiration Date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How many? \_\_\_\_\_

Typing ___ Yes ___ No ___ WPM	Word Processing ___ Yes ___ No ___ WPM
Personal Computer ___ Yes ___ No	Customer Service Training ___ Yes ___ No
Other Skills _____ _____	
<b>Please list two references other than relatives or previous employers.</b>	
Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone (_____) _____	Telephone (_____) _____

# DOGVILLE DAYCARE JOB APPLICATION FORM

(PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE)

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**



## WORK EXPERIENCE

Please list your work experience for the past five years beginning with the most recent job you held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Phone Number	Your Last Job Title:		
Reason for leaving (be specific)			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

\*\*\*

Name of Employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Phone Number	Your Last Job Title:		
Reason for leaving (be specific)			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_ Yes \_\_\_\_ No

# DOGVILLE DAYCARE JOB APPLICATION FORM

(PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE)

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

---



## EMPLOYMENT QUESTIONNAIRE

1. Describe your past experience with animals and/or pet grooming.
2. Are you afraid of certain breeds or sizes of dogs?
3. Do you have any pet-related allergies?
4. What is the date of your last tetanus booster injection?
5. Do you have any pre-existing back, elbow, or wrist problems?
6. What did you like most about your last job?
7. What did you dislike about your last job?
8. What are your hobbies?
9. What are your career goals one year from now? Five years?
10. Are you involved in any pet organizations, shows, or other aspects of the pet industry?

**Check here to indicate that by applying for a job with Dogville Daycare & Boarding, you understand that Dogville is staffed 24 hours a day, 365 days a year. Employees and Managers are expected to be available to work shifts on holidays and weekends. Some positions may work up to 2 overnight shifts per month.**

Signature \_\_\_\_\_ Date \_\_\_\_\_