

# Forest Lake Pets Employment Application

EQUAL OPPORTUNITY EMPLOYER

Qualified applicants are considered for all positions without regard to race, color, sex, age, national origin, and disability. All questions must be answered and application signed.

Date: Position applied for:
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## **APPLICANT DATA:**

How were you referred to us: \_\_\_\_\_

Full name (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date available to start: \_\_\_\_\_ Social Security #: \_\_\_\_\_ ON HIRE \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Are you currently employed?  Yes  No

How did you learn about our company? \_\_\_\_\_

Have you ever worked for this company? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for us?  Yes  No

Are you a citizen of the United States? \_\_\_\_\_ If not, do you have work papers? \_\_\_\_\_

Type of employment desired:  Full Time  Part Time  Temporary  Seasonal

Days and times available: \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to or been convicted of a crime?  Yes  No

If yes, give dates and details: \_\_\_\_\_

Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be consideration.

## **EDUCATION:**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

# of Years Completed: \_\_\_\_\_ Did you graduate?  Yes  No GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

College/University: \_\_\_\_\_ Address: \_\_\_\_\_

# of Years Completed: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

# of Years Completed: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

## **REFERENCES:**

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:**

(Animal Care experience, Foreign language skills, retail experience, sales experience, special training or experiences)

**PREVIOUS EMPLOYMENT (BEGIN WITH YOUR MOST RECENT POSITION):**

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for reference?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for reference?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for reference?  Yes  No

*I certify that the answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.*

*In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_