



Happy Tails Inc. Employment Application

OFFICE (314) 291-DOGS

FAX (314) 291-1991

PERSONAL INFORMATION:

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE	CELL PHONE	EMAIL	
EMERGENCY CONTACT	RELATIONSHIP	PHONE 1	PHONE 2	

DESIRED EMPLOYMENT:

POSITION	DATE YOU CAN START	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME		SALARY			
AVAILABILITY:							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
START TIME AM/PM							
END TIME AM/PM							
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES PLEASE EXPLAIN:							
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO					
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?			WHEN?		
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER							

EDUCATION:

HIGHEST SCHOOL LEVEL ACHIEVED	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
(GRAMMER, HIGHSCHOOL, OR COLLEGE)				
TRADE/BUSINESS SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
WORK DUTIES			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
WORK DUTIES			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
WORK DUTIES			
REASON FOR LEAVING			

REFERENCES

NAME	PHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED
NAME	PHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED
NAME	PHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED

AUTHORIZATION

I certify that my 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 and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when 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: _____