

## Application for Employment

\_\_\_\_\_ Date

\_\_\_\_\_ Name (Last, First, Middle)

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

\_\_\_\_\_ Home Phone

\_\_\_\_\_ Pager / Cell Phone

\_\_\_\_\_ Referred by

\_\_\_\_\_ Do you own any pets?

\_\_\_\_\_ What kind?

\_\_\_\_\_ Position desired

\_\_\_\_\_ Date available to start work

\_\_\_\_\_ Salary desired

Please tell us about any pet experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you...

Follow instructions well?

\_\_\_Yes \_\_\_No

Mind lifting pets?

\_\_\_Yes \_\_\_No

Accept corrections?

\_\_\_Yes \_\_\_No

Keep tetanus updated?

\_\_\_Yes \_\_\_No

Have P.R. skills?

\_\_\_Yes \_\_\_No

Know shots required  
for dogs & cats?

\_\_\_Yes \_\_\_No

Fear animals?

\_\_\_Yes \_\_\_No

Have pet related  
allergies?

\_\_\_Yes \_\_\_No

Know signs of pet illness?  
(canine cough, parvo, etc.)

\_\_\_Yes \_\_\_No

Have a weak stomach?

\_\_\_Yes \_\_\_No

Know signs of fleas?

\_\_\_Yes \_\_\_No

Like cats?

\_\_\_Yes \_\_\_No

Know signs of worms?

\_\_\_Yes \_\_\_No

Fear dog bites?

\_\_\_Yes \_\_\_No

Know signs of ear mites?

\_\_\_Yes \_\_\_No

Why do you want to work at Critter Camp?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

List your last 3 employers, starting with the most recent (or current).

Employer	Supervisor's Name
City	State
Last position held _____	Phone Number
Reason for leaving _____	Employment Dates: From _____ To _____

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City	State
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City	State
Last position held _____	Phone Number
Reason for leaving _____	Employment Dates: From _____ To _____

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In the last 6 months, how many times were you late getting to work? \_\_\_\_\_

If needed, is there any reason that you would be unable to work weekends or holidays? \_\_\_\_\_

Please tell us how well you like dogs & cats: \_\_\_\_\_

Are you involved in any pet organizations, shows, training, etc? \_\_\_\_\_

What are your goals for the future? \_\_\_\_\_

What did you like best about your last job? \_\_\_\_\_

What did you like least? \_\_\_\_\_

I affirm that my answers contained in this application are true and correct. I understand that if employed, any false information provided on this application my result in my immediate termination. I understand that employment will be subject to proof of legal age and eligibility to work in the United States. I authorize investigation of all statements contained herein and employers listed above to give you all information concerning my previous employment. I agree to release Critter Camp from any liability resulting from utilization of such information.

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