

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

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

___Yes ___No

Have pet related
allergies?

___Yes ___No

Know signs of fleas?

___Yes ___No

Have a weak stomach?

___Yes ___No

Know signs of worms?

___Yes ___No

Like cats?

___Yes ___No

Know signs of ear mites?

___Yes ___No

Fear dog bites?

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

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

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 _____