



Mgmt Code

Personal Information:			
First Name	Last Name	Middle Initial	Date
Address			
City	State	Zip Code	
Phone Number	Email Address	Date Available to Begin	
Referred By	Have You Worked Here Before?	If yes, when?	Which location?
Are you able to legally work in the US? (circle one)	Are you available to work weekends & holidays?	Position Desired	Salary Desired
Yes No			
All employees must provide a copy of Social Security Card and photo ID upon hiring.			
Have you ever been convicted of any crime or misdemeanor? (circle one) Yes No			
If "yes" please explain including date, charge, and disposition.			
Do you consent to a criminal background check? (circle one) Yes No			
(Conviction record will not necessarily bar employment)			
Below, please list the days of the week and the hours you are available to work. Flexibility is required.			
Monday _____	Thursday _____	Sunday _____	
Tuesday _____	Friday _____		
Wednesday _____	Saturday _____		
Education			
High School (name and location)	Course of Study	Years completed	Graduated or GED?
College (name and location)			
Other (Trade or Business)			



Please start with most recent job			
Company Name	Position	Employment start date (month & year)	Employment end date (month & year)
Manager or Supervisor Name	Phone Number	Beginning Salary	Final Salary
Reason for Leaving		May we contact this company? Yes No	
Describe Duties			
Company Name	Position	Employment start date (month & year)	Employment end date (month & year)
Manager or Supervisor Name	Phone Number	Beginning Salary	Final Salary
Reason for Leaving		May we contact this company? Yes No	
Describe Duties			
Company Name	Position	Employment start date (month & year)	Employment end date (month & year)
Manager or Supervisor Name	Phone Number	Beginning Salary	Final Salary
Reason for Leaving		May we contact this company? Yes No	
Describe Duties			
Military Service			
Active US Military History Branch of Service		Start Date	End Date
Grade or Rank at Discharge		Occupational Specialization	



Do you have any special training or education concerning animals?
Please describe your own personal experience with animals.
Have you ever cared for a dog or cat that was not your own?
Have you ever dealt with a dog or cat with a medical emergency or injury? Please Describe...
Have you ever been in a situation with an aggressive or fearful dog or cat? Please Describe...
Are you fearful of dogs or cats?
Why would this job be good for you?
Anything else we need to know?

1. I authorize Camp Canine to investigate my record, including any of the information contained in this employment application except where my written statement specifically requests that no reference be made.
2. I understand that nothing contained in this employment application, or in any oral representations made to me during the interview process, may create an employment contract between Camp Canine and me. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, with or without notice and with or without cause, and that Camp Canine retains a similar right.
3. I hereby attest under penalty of perjury that I am authorized to work in the United States and will provide adequate documentation.
4. By signing this application, I affirm that the information given by me in this employment application is accurate and complete; I understand that any falsification will be considered grounds for dismissal.

Applicant's Signature	Date
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It is the policy of Camp Canine to provide equal employment opportunity to all individuals without regard to race, color, religion, sex, affectional or sexual orientation, national origin, age, disability, alienation, marital status, familial status, genetic information, atypical hereditary cellular or blood trait and liability for service in the Armed Forces. Camp Canine will provide reasonable accommodations for otherwise qualified individuals with disabilities.