



# 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	PRIMARY PHONE		SECONDARY PHONE	EMAIL
EMERGENCY CONTACT	RELATIONSHIP		PHONE 1	PHONE 2

## DESIRED EMPLOYMENT:

POSITION	DATE YOU CAN START	TYPE OF EMPLOYMENT DESIRED PART-TIME		SALARY			
<b>AVAILABILITY: We are open 24/7/365 Employment is contingent upon being available mornings, nights, Saturdays/Sundays and holidays!</b> <b>If this does not fit with your schedule, please reconsider your application. _____ Please initial as an understanding.</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
START TIME AM/PM							
END TIME AM/PM							
Do you have reliable transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO PLEASE EXPLAIN:							
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		When:					
WHO REFERRED YOU TO THIS COMPANY?							

## EDUCATION:

HIGHEST SCHOOL LEVEL ACHIEVED	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
(GRAMMAR, HIGH SCHOOL, 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				

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

## PROFESSIONAL REFERENCES

### 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: \_\_\_\_\_

09/23/2020