

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

PET Suites[®]

Employment Application

Page 1 of 3
Please initial this box.

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-3

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

Wage Requirement _____ If under 18, please list age _____

Positions: Management Customer Service Representative Pet Care Technician
 Groomer Bather Playtime Associate Seasonal

How many hours can you work weekly? _____ Can you work early mornings and late nights? _____

Can you work weekends/holidays? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Days/Shifts Available:

Day	MON	TUE	WED	THU	FRI	SAT	SUN
Time							

Positions at PETSuites requires that the employee be able to work at a fast pace, requiring bending, kneeling, stooping and lifting of up to fifty pounds during a normal workday. Can you do this? Yes _____ No _____ If no, please explain:

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number	Your last job title	From To	Start Final

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Please initial this box.

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Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR, DEGREE And GPA
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL)
Chauffeur
 Expiration date _____

