



Chesapeake Pet Resort & Day Spa

(Rev 3/10)

EMPLOYMENT APPLICATION

Date _____ / _____ / _____

GENERAL INFORMATION							
Name:							
	<i>Last</i>			<i>First</i>		<i>Full Middle</i>	
Social Security #				DOB:			Age:
e-mail (required)							
Cell phone #: (required)				Other phone #'s to reach you:			
Name of emergency Contact Persons:				List two emergency phone numbers other than your numbers listed above:			
Current Physical Address:							
	<i>Street Address</i>			<i>City, State</i>		<i>Zip</i>	
Current Mailing Address:							
	<i>PO Box or other address</i>			<i>City, State</i>		<i>Zip</i>	
Do you have a valid driver's license?		State of Issue:		Driver's License #:			

WHY DO YOU WANT TO WORK HERE, AT CHESAPEAKE PET RESORT & DAY SPA SPECIFICALLY?

:

LIST THREE THINGS YOU CAN OFFER TO BENEFIT OUR TEAM:

:

AVAILABILITY

Are there days of the week and certain times you are not available to work? If so, list those times:	:	Are you currently employed somewhere else? If yes, may we contact them?		How many hours do you want each week?	
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CRIMINAL BACKGROUND & DRUG TESTING

Have you ever been convicted of a misdemeanor or a felony?	If yes, describe conditions including offense, date convicted, where convicted, and fine and/or sentence:
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Do you consent to a full background check to verify employment, criminal and credit history?	We are a Drug Free Workplace. Do you consent to a drug test prior and/or during to employment?
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EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree & GPA
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree & GPA
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree & GPA

Have you completed the Level I Pet Care Technician Certification through the Pet Care Services Association (www.petcareservices.org) ?

If yes, please attach a copy of your certification with this application. If no, are you willing to complete the course at your expense, within 30 days of any potential job offer?

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have prepared a Resume, it should be attached to supplement this Application

CERTIFICATION AND AUTHORIZATION (Please read the following paragraph carefully before signing)

- * I certify that the information I have provided is true and correct to the best of my knowledge and belief
- * I understand that false information or omissions will be sufficient cause for refusal to employ or immediate dismissal.
- * I understand that if I am employed by the Company, it will be as an **employee-at-will**, which means the Company can terminate the employment relationship at any time, with or without reason.
- * I understand the Company has the right to change my duties, or any other terms and conditions of my employment at any time for any reason, including available hours and wages.
- * I authorize the Company to investigate my employment, personal history, credit, personal characteristics, and general reputation. In connection with this investigation, I authorize all corporations, companies, credit agencies, educational institutions, individuals, law enforcement agencies, and former employers to release information they may have about me and release them from any liability or responsibility from doing so.

We are a “Drug-Free Workplace.”

I acknowledge that I will be required to submit to alcohol or drug screenings as a condition of employment or on a random basis or for cause, as the Company shall determine. I further acknowledge that failure to submit to a request for an alcohol and/or drug screen will preclude me from consideration for employment or shall be cause for my immediate dismissal from employment.

_____/_____
Signature of Applicant / Date