APPLICATION FOR EMPLOYMENT Oakview Pet Resort

An Equal Opportunity Employer. Reasonable accommodation will be provided as required by law.

Last Name First		First Na	st Name		Middle Initial			Social Security Number:		
Street Address City/State		Zip Code				Phone Number:				
If hired, work in t				Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.						
Position	Desired:	Wage/Sa	ge/Salary Desired:			Full Time? Part Time?				
Date you work?	can begin	Are you 18	ou 18 years of age or older?			If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.				
Name of high school attended:			City & State			Graduate?	GI	ED?		
Name of	college or tec	City & State	City & State		Graduate?	De	egree?	Major:		
Are you presently enrolled in school?			If yes, give name & address of school and expected degree date:							
List any	job-related ski	lls or accompl	ishments, includ	ding mi	litary se	rvice:				
			- Your Avail	ability	For Wo	ork -				
	Monday	Tuesday	Wednesday	Th	ursday	lay Friday Saturda		iturday	Sunday	
From: To:										
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule?							
	- Provide Th	ree Referenc	es Who Are No	ot Forn	ner Em	ployers Who	We May	y Contact ·	•	
			ow do you know	do you know them, and for how long?				Phone Number		

Your Employment History

May we contact current employers before you are offered a position?							
Name of Employer:	Job Title:						
Trume of Employer.	Duties:						
Address:	Dates of Employment:						
11001000	From:	To:					
City, State, Zip Code	Hourly pay or salary:						
, , , , , , , , , , , , , , , , , , ,	Starting pay:	Ending pay:					
Supervisor:	Reason for Leaving:	<i>O</i> 1 <i>y</i>					
•							
Telephone:							
Name of Employer:	Job Title:						
	Duties:						
Address:	Dates of Employment:						
	From:	To:					
City, State, Zip Code	Hourly pay or salary:						
	Starting pay:	Ending pay:					
Supervisor:	Reason for Leaving:						
•							
Telephone:							
Name of Employer:	Job Title:						
	Duties:						
Address:	Dates of Employment:						
	From:	To:					
City, State, Zip Code	Hourly pay or salary:						
	Starting pay:	Ending pay:					
Supervisor:	Reason for Leaving:						
Telephone:							
CAREFULLY READ EACH STATEM	ENT REFORE SIGN	ING AT THE ROTTOM					
CHREF CEET READ EACH STATEM	ENT DEFORE SIGN	ING AT THE BOTTOM					
Lagrify that all of the information provided in this	ampleyment application	is two and complete to the best					
I certify that all of the information provided in this							
of my knowledge, and I authorize investigation of all statements contained in this application, including a							
criminal background, credit history check, and drug test, as applicable. I understand that any false or							
incomplete information may disqualify me from further consideration for employment and may result in my							
immediate discharge if discovered at a later date.							
I authorize the investigation of any or all statements contained in this application and also authorize any							
person, school, current employer, past employers, and other organizations to provide information concerning							
my previous employment and other relevant information that may be useful in making a hiring decision. I							
release such persons and organizations from any legal liability in making such statements.							
I have read, understand, and agree to the above statements.							
i nave read, understand, and agree to the above state	anciits.						
Cianatura		Date:					
Signature:		Date.					