



bark!bark!

Employment Application

(ATTACH A RESUME OR YOUR APPLICATION WILL NOT BE REVIEWED)

Contact Information

Name
Street Address
City, State, Zip
Home Phone
Work Phone
Cell Phone
E-Mail Address

Availability

During which hours are you available for work?
<input type="checkbox"/> Weekday mornings <input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons <input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings <input type="checkbox"/> Weekend evenings
<input type="checkbox"/> ON CALL (list, IF ANY, restrictions)
<input type="checkbox"/> Overnight Boarding shifts <input type="checkbox"/> 7pm-1am <input type="checkbox"/> 1am-7am <input type="checkbox"/> Any overnight shifts

Interests

Tell us in which areas you are interested in working:

- Daycare Attendant
- Overnight Attendant
- Receptionist
- Bather
- Groomer
- Dog Walker (please specify) _____

Other Work or School Activity

What Work or School Activity are you currently involved with, and will you be continuing this if you come to work at Bark! Bark! Daycare & Grooming?

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Previous Dog or Other Animal Experience

Summarize your previous experience with animals, including breeds of dogs you have owned.

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Why do you want to work at Bark! Bark! Daycare & Grooming?

Please tell us why you want to work with animals, and why you think you would be a good addition to the Bark! Bark! staff.

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Professional Reference – Most recent Employer

Company Name
Contact Person
City, State, Zip
Dates Employed
Work Phone
Cell Phone
E-Mail Address

Personal Reference

Name
Relation to you
City, State, Zip
Home Phone
Work Phone
Cell Phone
E-Mail Address

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an employee, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also fully understand that Bark! Bark! is a drug free workplace and has a zero tolerance policy for alcohol or drug abuse.

Signature: _____ Date: _____