



JORDAN CREEK KENNELS APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____

Address: _____
Street City State Zip

Telephone Number: Home _____ Work _____

Are you over 18 years old? Yes No Are you legally eligible for employment in the USA? Yes No

Are there any hours, shifts, or days you cannot or will not work? Yes No Explain: _____

Shifts preferred/available: (check all that apply) AM MIDDAY PM _____

Number of hours you are available to work per week _____

Days available to work (check all that apply) Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Are you willing to work overtime as required? Yes No Explain: _____

Do you have any physical or mental condition that would prevent you from satisfactorily performing the position you have applied for? Yes No Describe the condition and explain work limitations: _____

Have you ever been convicted of a felony? Yes No If yes, describe conditions: _____

EDUCATION	NAME & LOCATION OF SCHOOL	MAJOR	DIPLOMA/DEGREE
High School			
College/Univ.			
College/Univ.			

Other training/education: _____

Positions Applied For: 1. _____ 2. _____

Wage or salary desired \$ _____ per _____ When can you start? _____

WORK HISTORY

May we contact your present employer? Yes No _____

Most recent employer: _____ Telephone Number: _____
Address: _____
Description of Duties: _____
Name and Title of Supervisors: _____
Reason for Leaving: _____
Date Started: _____ Starting Position: _____
Date Left: _____ Leaving Position: _____

Most recent employer: _____ Telephone Number: _____
Address: _____
Description of Duties: _____
Name and Title of Supervisors: _____
Reason for Leaving: _____
Date Started: _____ Starting Position: _____
Date Left: _____ Leaving Position: _____

Most recent employer: _____ Telephone Number: _____
Address: _____
Description of Duties: _____
Name and Title of Supervisors: _____
Reason for Leaving: _____
Date Started: _____ Starting Position: _____
Date Left: _____ Leaving Position: _____

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application could lead to disciplinary action including dismissal. The Company is hereby authorized to investigate any of the facts set forth in this application.

I understand that employment at this Company is "at will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by the statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company other than the President, has any authority to alter the foregoing.

Date: _____ Applicant's Signature: _____