

**GROOMER'S BEST
APPLICATION OF EMPLOYMENT**

DATE OF APPLICATION:	
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PERSONAL INFORMATION

FIRST NAME	LAST NAME

ADDRESS

STREET	Apt. #	
CITY	STATE	ZIP CODE

CONTACT INFORMATION

HOME TELEPHONE #	MOBILE NUMBER	E-MAIL ADDRESS

What telephone number should we use to contact you?

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HOW DID YOU HEAR ABOUT US?	
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POSITION SOUGHT	DESIRED PAY RANGE HOURLY/SALARY	AVAILABLE START DATE	ARE YOU CURRENTLY EMPLOYED?

EDUCATION

HIGH SCHOOL	COLLEGE OR UNIVERSITY	TRADE SCHOOL	OTHER
DATE OF COMPLETION	DATE OF COMPLETION	DATE OF COMPLETION	DATE OF COMPLETION

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Please list your areas of highest proficiency, special skills or other items that may be contribute to your abilities in performing the above-mentioned position.

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PREVIOUS WORK EXPERIENCE

Please list beginning from most recent

Dates Employed To and From	Company Name	Location	Role/Title

Job, tasks performed and reason for leaving:



May we contact this employer for reference?

Dates Employed To and From	Company Name	Location	Role/Title

Job, tasks performed and reason for leaving:

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May we contact this employee for reference?

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Dates Employed To and From	Company Name	Location	Role/Title

Job, tasks performed and reason for leaving:

May we contact this employee for reference?

Have you ever worked for this company? If yes, when?

Are you legally allowed to work in the United States?

Yes ()	No ()
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Type of Employment

Desired:

Full-Time ()

Part Time ()

Seasonal ()

Have you ever pleaded guilty, no contest or been convicted of a crime? If yes, please give dates and details.

I certify that my answers are true and complete to best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application for interview(s) may result in discharge.

Signature of Applicant: _____

Date: _____