



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex religion, disability or national origin.

Date / /

Employment Desired

Position Swim Trainer			Part-time <input type="checkbox"/>	Summer <input type="checkbox"/>
Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/> If so may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever applied to this company before? YES <input type="checkbox"/> NO <input type="checkbox"/>		Where?	When?	

Personal Information

Last Name	First Name	Middle Name
Address (Number, Street, City, State, Zip Code)		
Phone Number	Driver's License Number	
Are you able to meet the attendance requirements? <input type="checkbox"/> yes <input type="checkbox"/> no		
Have you been previously employed by the Canine Fitness Center? <input type="checkbox"/> yes <input type="checkbox"/> no		
Can you submit proof of legal employment authorization and identity? <input type="checkbox"/> yes <input type="checkbox"/> no		
If you are under 18, can you furnish a work permit? <input type="checkbox"/> yes <input type="checkbox"/> no		
Have you been convicted of a crime in the last 7 years? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, please explain _____		
How were you referred to the Canine Fitness Center? _____		

Education

High School Attended and Location	No. of Years Completed	Did you graduate	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College Attended and Location	No. of Years Completed	Did you graduate	Degree
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did you graduate	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

General

Special Courses or Training
Experience/Skills Related to the Position for Which You Are Applying

Employment History (list Present or Most Recent Positions First)

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
----------------------------------	------------------------------	-----------------	--------------

Reason for Leaving

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
----------------------------------	------------------------------	-----------------	--------------

Reason for Leaving

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
----------------------------------	------------------------------	-----------------	--------------

Reason for Leaving

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
----------------------------------	------------------------------	-----------------	--------------

Reason for Leaving

Minimum Requirements, must be:

- Reliable
- Flexible
- Customer oriented, and
- Love dogs

State any additional information you feel may be helpful to us in considering your application.

Personal References

In this section, list three (3) people not related to you or previous employers including name, phone number and years known.

I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable state or federal law.

I understand that it is the policy of the Canine Fitness Center not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

I certify that all information provided is true and correct. Signature _____