

For Office Use Only			
Received by:	Date received:		
Inverview Date & Time :			

Employment Application

Applicant Information						
Full Name:					Date:	
Address:				Home Phone Number:		
City:	State:	Zip:		Cell Phone Number:		
Date Available to Start:		Email	Address:			
Position Applying for:				Location Applying for		
Salary Requirement: Are you legally able to work in the United States? Yes No						
If you are under the age of 18,	we require a	work p	ermit. Can	you furnish one?	Yes No	
Have you ever pled "guilty", "no contest", or been convicted of a crime?			If yes, giv	ve dates and details:		
What's the highest level of education you've completed?				your degree and when your highest, when did/	was it completed? If high /will you graduate?	
Are you able to lift 50lbs and move it 50ft?			Can you stand on your feet for 6 hours or more?			
Do you have reliable transportation?			Type of t	ransportation:		
Have you work at a TailWaggers Doggy Daycare ocation in the past? When & where?			Who refe	rred you to us?		
Are you a veteran? Yes No			Are you w	villing to work overtime Yes	if needed? No	

Availability

Check the days you are available to work the entire shift below. If you can't work the full shift, please write what times you would be able to work (IE 5:45am-10am, 4pm-9pm, etc.)

Holidays and Weekends are required.

		Holid	uys und weel	kenus ure requ	irea.		
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Shift							
5:45am-2pm							
Shift							
1:45pm-9pm							
Are you intereste	ed in:				Are you avai	lable on:	
 Seasonal 	(if you're lookii	ng for seasonal	, also mark a pa	rt-time or full-	o Wee	kends	
time statu	s)				o Holic	days	
o Part-Time	e: 2 Weekly S	hifts				•	
o Part-Time	e: 3 Weekly S	hifts					

Full-Time: 5 Weekly Shifts

Questionnaire
Please explain any information we may need to know about your availability. (I.e. restrictions due to another job, planned vacations that would interfere with work, etc.)
Do you have any previous animal care experience? If yes, explain.
Do you have dogs living in your home? How do you discipline them? Please write a little about them.
Have you ever dealt with a dog with a medical emergency or injury? If yes, explain.
Have you ever been in a situation with an aggressive or fearful dog? If yes, explain.
What is your future career or education goals?
If hired, how long do you plan on staying with TailWaggers Doggy Daycare?

Employment History						
Company: Dates of Employment:						
Address:		City:	State:	Zip:		
Phone Number:	Supervisor:	,	Title:			
Position Held:	Starting Salo	ary:	Ending Salary:			
Responsibilities:						
Reason for Leaving:						
May we contact this employer for a referen	nce? Yes	No				
Company:			Dates of Employn	nent:		
Address:		City:	State:	Zip:		
Phone Number:	Supervisor:		Title:			
Position Held:	Starting Salary:		Ending Salary:			
Responsibilities:						
Reason for Leaving:						
May we contact this employer for a reference? Yes No						
Company: Dates of Employment:						
Address:		City:	State:	Zip:		
Phone Number:	Supervisor:		Title:			
Position Held:	Starting Salary:		Ending Salary:			
Responsibilities:						
Reason for Leaving:						
May we contact this employer for a reference? Yes No						

References				
Name	Phone	Occupation	Years Known	

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

Signed Date			
Signeg	c:	N-4-	
	Sianec	Date	

Tailwagging LLC dba TailWaggers Doggy Daycare 1077 Tullar Court Neenah, WI 54956

Phone: 920-486-5600