

DOGSTOWN UNIVERSITY APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Last Name		First Name		Middle Initial		Social Security Number:	
Street Address			City/State		Zip Code		Phone Number:
If hired, can you provide evidence of legal eligibility to work in the U.S.?				Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:		Wage/Salary Desired:		Full Time? Part Time?			
Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged, or do you have such a case pending?			If yes, when?		If yes, where?		
Date you can begin work?		Are you 18 years of age or older?		If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by California or federal law.			
Name of high school attended:		City & State		Graduate?		GED?	
Name of college or technical school:		City & State		Graduate?		Degree? Major:	
Are you presently enrolled in school?		If yes, give name & address of school and expected degree date:					
List any job-related skills or accomplishments, including military service:							
- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule?				
- Give Three References That Are Not Former Employers Who We May Contact -							
Name and Occupation		How do you know them, and for how long?				Phone Number	

Your Employment History

List names of employers with present or last employer listed first.

Please note if we may not contact your present employer until after you are offered a position.

Name of Employer:	Job Title:
Address:	Duties:
City, State, Zip Code	Dates of Employment: From: _____ To: _____
Supervisor: Telephone:	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Reason for Leaving:	
Name of Employer:	Job Title:
Address:	Duties:
City, State, Zip Code	Dates of Employment: From: _____ To: _____
Supervisor: Telephone:	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Reason for Leaving:	
Name of Employer:	Job Title:
Address:	Duties:
City, State, Zip Code	Dates of Employment: From: _____ To: _____
Supervisor: Telephone:	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Reason for Leaving:	

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

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 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 application or interview(s) may result in discharge.

I have read, understand, and agree to the above statements.

Signature:

Date:

Please Print and complete the employment application. Email or fax all applications to: dogstownuniversity@yahoo.com Fax: (954)794-0299