

Port Imperial Paws, LLC Employment Application

PLEASE PRINT - USE INK - COMPLETE ALL SECTIONS - ATTACH A RESUME

GENERAL INFORMATION				
			Date	
Last Name		First Name		Middle Name
Home Address		City	State	Zip Code
				Home Telephone No.
Email Address			Cellular Telephone No.	
Are you under age 18? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, can you provide proof of your eligibility to work? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Are you currently authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO. Proof of eligibility will be required if hired.				
JOB INFORMATION				
Position(s) Applying for?			<input type="checkbox"/> Regular	<input type="checkbox"/> Full Time
Dog Care Supervisor <input type="checkbox"/> Dog Walker <input type="checkbox"/>		Night Supervisor <input type="checkbox"/>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time
Groomer <input type="checkbox"/> Manager <input type="checkbox"/>				
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			How many hours can you work weekly?	
Please list any hours or days that you are not available to work:				
Complete <i>only</i> if applying for a position that requires shift work. Are you willing to work:				
Nights? <input type="checkbox"/> Yes <input type="checkbox"/> No		Saturday? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sunday? <input type="checkbox"/> Yes <input type="checkbox"/> No	Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No
When are you available to start work?				
EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL <u>INCLUDING</u> CITY/STATE OF LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE ATTAINED	
High School				
College				
Business or Trade School				
COURT INFORMATION				
Have you ever been convicted of a crime that has not been sealed or expunged by a court <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, state date of conviction; municipality, county and state of the court; and specific violation. Note that a record of conviction will not necessarily disqualify you from employment.				

DRIVER'S LICENSE INFORMATION

Complete only if applying for a position that requires driving.

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How Many? _____

REFERENCE INFORMATION

Please list two (2) PROFESSIONAL references other than relatives.

Name	Name
Position	Position
Company	Company
Address	Address
Telephone	Telephone

HOW WERE YOU REFERRED TO US?

Employee: (Name)	Agency: (Name)
School: (Name)	Newspaper : (Specify)
Internet: (Site Name)	Other:

OTHER RELEVANT INFORMATION

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. **Please omit any information that would disclose your race, color, creed, religion, political affiliation, gender, sexual orientation, ancestry, national origin, citizenship, marital status, domestic or civil union partnership status, veteran status, age or disability.**

May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

Please indicate if you are able to perform the essential functions of the job for which you have applied Yes No

If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform, properly and safely, the job functions identified, please describe the required reasonable accommodation(s):

EMPLOYMENT HISTORY

Please list your work experience for the **past seven years** beginning with your most recent job held.

Attach additional sheets if necessary. If you were self-employed, give firm name.

Current employer:	Name of last supervisor	Employment dates	Pay or salary
Street Address			
City, State, Zip Code		From	Start
Phone number		To	Final
Reason for leaving (be specific)	Your last job title		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Street Address			
City, State, Zip Code		From	Start
Phone number		To	Final
Reason for leaving (be specific)	Your Last Job Title		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer :	Name of last supervisor	Employment dates	Pay or salary
Street Address			
City, State, Zip Code		From	Start
Phone number		To	Final
Reason for leaving (be specific)	Your last job title		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Street Address			
City, State, Zip Code		From	Start
Phone number		To	Final
Reason for leaving (be specific)	Your last job title		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

PLEASE READ CAREFULLY

**As indication that you have read and understood each sentence,
please write your initials in the spaces provided below.**

EMPLOYMENT-AT-WILL STATEMENT AND WAIVER

The employment relationship between **Port Imperial Paws, LLC (the "Company")** and each of its employees is "employment-at-will." This means that either the employee can terminate the employment relationship at any time with or without notice or cause. Likewise the Company can terminate the employment relationship with its employees at any time, with our without notice or cause.

The contents of the Company's employee handbooks, operating manuals, benefit plans, written policies or actual practices do not create an actual or implied contract of employment or confer any right to remain an employee of the Company for any length of time, or otherwise change in any respect the employment-at-will relationship between the Company and its employees. The employment-at-will relationship cannot be altered except by a written instrument signed by a Partner of the Company. If employed, I understand that the Company may unilaterally change, reduce, revise or eliminate its benefits, policies and procedures at any time with or without notice. _____

REFERENCE CHECKS

I hereby give the Company permission to contact schools, current and previous employers (unless otherwise indicated), references and others. I also hereby release the Company from any liability that may result of such contact. _____

CONSUMER INVESTIGATIVE REPORT AND DRUG/ALCOHOL SCREEN

I understand that any offer of employment that I receive from the Company may be conditioned upon my successful passage of a background check known as a Consumer Investigative Report conducted by a Consumer Reporting Agency and a drug and alcohol test. The Consumer Investigative Report will be obtained in accordance with the requirements of the Fair Credit Reporting Act. I understand that if the Company does make a conditional offer of employment to me, I will be provided with additional consent forms and information required by the Fair Credit Reporting Act. _____

AFFIRMATION OF INFORMATION PROVIDED BY APPLICANT

By signing below, I affirm that my answers to the questions and information provided in this Employment Application above are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that might make the contents of my application false or misleading. I further understand that any misrepresentation, deception or false statement made in the Employment Application may result in the rejection of my application or, if not discovered until after becoming employed, may result in my immediate termination.

Signature of applicant _____ **Date:** _____

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Port Imperial Paws, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, creed, religion, political affiliation, gender, sexual orientation, ancestry, national origin, citizenship, marital status, domestic or civil union partnership status, veteran status, age or disability.

Thank you for completing this application form and for your interest in P.I. Paws.

OFFICE USE ONLY: Date received: _____ Reviewed by: _____