

LITTLE SHELTER APPLICATION FOR EMPLOYMENT

Date: _____ Where did you hear about the job opportunity at Little Shelter? _____

PERSONAL INFORMATION

Name: _____ Social Security: _____

Present Address: _____
(Street, City, State, Zip)

Phone Number: (____) _____ Email Address: _____

Cell Number: (____) _____ Are you a U.S. Citizen? Y [] N []

POSITION

What position are you applying for? _____ Date you can start: _____

What are you looking for? Full Time _____ Part Time _____ What days: _____

Permanent _____ Temporary _____ Summer Only _____ What Hours _____

EDUCATION

Name of last school attended: _____ Number of years attended: _____

Vocational or trade training?: Y [] N [] Name of the school: _____

What field?: _____ License?: _____ Number of years attended: _____

Are you in school now?: Y [] N [] If yes, name of school?: _____

Hours you attend: _____ Major: _____

SKILLS

General Office

- | | | | |
|--|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Shorthand | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Secretarial |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Telephone | <input type="checkbox"/> Filing | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Do you speak or write a foreign language? | |
| <input type="checkbox"/> Other (please specify): _____ | | If yes, which one: _____ | |

Animal Skills/Medical

- | | | | | |
|--|---------------------------------------|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Dog Training | <input type="checkbox"/> Dog Handling | <input type="checkbox"/> Kennel Cleaning | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Other (please specify): _____ | | | | |

Other

- | | | | | |
|--|--------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Other (please specify): _____ | | | | |

Additional Skills: _____

Do you have any pets?: Y [] N [] What type? _____ Is your pet spayed or neutered?: _____

Where did you obtain your pet?: _____

