



APPLICATION FOR EMPLOYMENT

Personal Information

PLEASE PRINT

Date:

_____ Month _____ Day _____ Year

Name:

_____ First

_____ Middle

_____ Last

Present Address:

_____ Street

_____ City

_____ State

_____ Zip

Contact Information:

_____ Home Phone

_____ Mobile Phone

_____ Email

Position Sought

Interested In: Full Time or Part Time

Manager

Handler

Trainer

Groomer

Customer Service

Night Handler

Work Schedule Availability:

(Please indicate which days and hours you are available to work)

<u>SHIFT</u>	<u>MON</u>	<u>TUES</u>	<u>WED</u>	<u>THUR</u>	<u>FRI</u>	<u>SAT</u>	<u>SUN</u>
<u>AM</u>							
<u>PM</u>							

Available Start Date: _____

Month/Date/Year

Are You Currently Employed? Yes or No

Available Hours to Work: _____

Desired Pay Range: _____

Education

Are You Currently Attending School? Full Time Part Time I Am Currently Not Attending School

<u>Type of School</u>	<u>Name of School</u>	<u>Location of School</u>	<u>Courses Majored In</u>	<u>Year Completed</u>	<u>Diploma Received</u>
<u>High School</u>				9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>College or University</u>				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Trade School, Special Training etc.</u>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Other Education</u>					<input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Experience

Please List Beginning From Most Recent

1. Dates Employed Company Name Location Role/Title Supervisor's Name

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May we contact this employer? Yes No

List job notes and tasks performed:

Reason for leaving:

2. Dates Employed Company Name Location Role/Title Supervisor's Name

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May we contact this employer? Yes No

List job notes and tasks performed:

Reason for leaving:

3. Dates Employed Company Name Location Role/Title Supervisor's Name

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May we contact this employer? Yes No

List job notes and tasks performed:

Reason for leaving:

Why do you want to work at the Chicago Canine Club?

What experience have you had with animals?

****** Skills Acquired:**

References

Please Provide Two Professional References and One Personal Reference

Professional

1	Name:	Business/Home/Cell Phone Number:
	Address, City, Zip Code:	E-Mail:

2	Name:	Business/Home/Cell Phone Number:
	Address, City, Zip Code:	E-Mail:

Personal

3	Name:	Business/Home/Cell Phone Number:
	Address, City, Zip Code:	E-Mail:

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I certify the facts set forth in my application are true and complete. I understand and agree that, if employed, any misrepresentation, false statements, or omission of facts on this application may result in termination, regardless of when or how discovered.

Questions regarding this statement should be directed to the Human Resource Department before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

This establishment does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, ancestry, age (as defined by applicable law), individuals with disabilities, veteran status, marital status, expunged juvenile records, pregnancy and any other characteristic protected by Federal, State or Local Law.

Are you able to perform the duties with or without reasonable **accommodations**? Yes No

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the establishment rules and regulations. I understand and agree that I have the option to terminate my employment relationship with the establishment, with or without cause and without notice at any time, and that the establishment retains a similar right. I further understand that no representation, whether oral or written by any representative or agent at the establishment, at any time, can constitute a contract of employment. I understand that the establishment and Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits, or other terms or conditions of employment. I understand and agree that this application will be kept on active file for six months from the date completed, after which time I would have to reapply in accordance with establishment procedures. In order for you to be considered for employment, this application must be filled out in its ENTIRETY. I understand that all statements made by applicants for employment on this application form will be checked for accuracy.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____



DISCLOSURE TO EMPLOYMENT APPLICATION

This is to notify you that a background and reference check will be conducted on you for employment purposes.

By signing the release below, I hereby authorize Chicago Canine Club to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, federal courts, and military services to release information about my background including, but not limited to, information about employment, education, training, consumer credit history, driving record, criminal record, and general public, records history to Chicago Canine Club.

I release from all liability all persons, companies, schools supplying such information. I indemnify Chicago Canine Club against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature scope of the investigation. I also understand that I will be given a copy of the consumer report and a written description of my rights under the Fair Credit Reporting Act should Chicago Canine Club elect to make such inquiry.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

(PLEASE PRINT)

Name: _____

Other names used: _____

Address: _____

City/State/Zip: _____

Date received degree (if applicable): _____

Social Security #: _____

(Signature of Applicant)

(Date)