



| General Information | | | | |
|--|---|---|----------------|---|
| Name: | | Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Address: | | | | |
| City: | | State: | | Zip: |
| Home Phone: () - | | Work Phone: () - | | |
| Cell Phone: () - | | Email Address: | | |
| Emergency Contact: | | | Phone: () - | |
| Position Applied For (You May Apply for More Than One) | | | | |
| <input type="checkbox"/> | Mid-day Dog Walker. By checking this box, I am indicating that I am available to work M-F 10:00 AM – 4:00 PM | | | |
| <input type="checkbox"/> | Pet Sitter. By checking this box, I am indicating that I am available to work 7 days a week including federal holidays. | | | |
| <input type="checkbox"/> | <input type="checkbox"/> Mornings (6 a.m. – 9:30 a.m.) <input type="checkbox"/> Evenings (6 p.m. – 9:30 p.m.) <input type="checkbox"/> Overnight (9:00 p.m. – 7:30 a.m.) <input type="checkbox"/> Anytime <input type="checkbox"/> I am willing to work after hours for additional compensation. | | | |
| <input type="checkbox"/> | Dog Trainer. By checking this box, I am indicating that I am available to work 7 days a week, including federal holidays. | | | |
| Are you eligible to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| Do you have access to the internet and email at least two times daily? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| Do you have a reliable, insured car? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Please check the following towns and zipcodes in which you are willing to work: | | | | |
| <input type="checkbox"/> Wake Forest, 27587 <input type="checkbox"/> Creedmoor, 27522 <input type="checkbox"/> Franklinton, 27522 <input type="checkbox"/> Youngsville, 27596 <input type="checkbox"/> Rolesville, 27571 <input type="checkbox"/> Raleigh, 27609 <input type="checkbox"/> Raleigh, 27610 | | <input type="checkbox"/> Raleigh, 27612 <input type="checkbox"/> Raleigh, 27613 <input type="checkbox"/> Raleigh, 27614 <input type="checkbox"/> Raleigh, 27615 <input type="checkbox"/> Raleigh, 27616 <input type="checkbox"/> Other, please list: _____ | | |
| EDUCATION | | | | |
| | NAME OF INSTITUTION | CITY, STATE | YEARS ATTENDED | GRADUATE? |
| High School | | | | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Trade or Technical | | | | Y <input type="checkbox"/> N <input type="checkbox"/> |
| College/University | | | | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Other | | | | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Describe your personal and professional experience with pets. Attach additional pages if needed. | | | | |
| Why do you wish to work for TLC Dog Training and Critter Care? | | | | |
| Are you comfortable walking more than one dog at a time? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| List any pet you would prefer NOT to care for: | | | | |
| Please select all of the types of medications you are comfortable administering: | | | | |
| <input type="checkbox"/> Pills <input type="checkbox"/> Injections <input type="checkbox"/> IVs <input type="checkbox"/> Oral Medications <input type="checkbox"/> Ointments <input type="checkbox"/> Other, describe: _____ | | | | |



EMPLOYMENT HISTORY (Most recent employer first. Attach additional pages if needed.)

| | |
|--|---------------------|
| 1. Employer Name: | |
| Dates of Employment: / / to / / | Position: |
| Supervisor Name: | Phone: () - |
| Duties: | |
| May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 2. Employer Name: | |
| Dates of Employment: / / to / / | Position: |
| Supervisor Name: | Phone: () - |
| Duties: | |
| May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 3. Employer Name: | |
| Dates of Employment: / / to / / | Position: |
| Supervisor Name: | Phone: () - |
| Duties: | |
| May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

REFERENCES

Please list three personal references, not related to you, whom you have known for at least two years:

| | | |
|--------------|---------------------|----------------------|
| Name: | Phone: () - | Relationship: |
| Name: | Phone: () - | Relationship: |
| Name: | Phone: () - | Relationship: |

CRIMINAL BACKGROUND AND INQUIRY RELEASE

Have you ever been convicted of a crime, felony or misdemeanor? YES NO If yes, please explain fully on a separate sheet of paper.

My initials here _____ indicate that the above statement as to the conviction of a crime, felony or misdemeanor is true and correct.

I hereby certify that all the information I have provided on this Employment Application Form is true and complete. I understand that the submission of my application indicates my consent for the Company to contact previous and current employers and references to verify any information contained in this application. I understand that false or misleading information or documentation, or an omission or failure to include all relevant information, may result in rejection of my application, action up to and including termination if hired, and/or criminal prosecution.

| | |
|-------------------------------|------------------|
| Applicant's Signature: | Date: / / |
|-------------------------------|------------------|

Please mail this completed form to: TLC Dog Training & Critter Care; 369 N. Fallsview Lane, Wake Forest, NC 27587.