

MORGAN'S PAWS PET CARE CENTER LLC
305 HILL STREET
YORK, PA 17403
717-755-9544 PHONE
717-755-9550 FAX
morganspaws@yahoo.com

\$7.15 / hour
Full-Time / Part-Time

EMPLOYMENT APPLICATION

DATE: _____

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

DATE AVAILABLE TO START: _____

SOCIAL SECURITY #: _____

ARE YOU OVER 18 YEARS OF AGE: YES OR NO
(You must be 18 to work here)

ARE YOU A CITIZEN OF THE UNITED STATES? YES OR NO

TYPE OF EMPLOYMENT DESIRED? FULL-TIME OR PART-TIME

HAVE YOU EVER PLED GUILTY OR BEEN CONVICTED OF A CRIME? YES
OR NO

IF YES, PLEASE
EXPLAIN: _____

EDUCATION:

HIGH SCHOOL: _____

DID YOU GRADUATE? YES OR NO

COLLEGE OR TRADE SCHOOL: _____

MAJOR: _____ DID YOU GRADUATE: _____

REFERENCES:

Please list 3 names. Addresses and phone # of three people whom you are not related and by whom you have not been employed.

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

1. HAVE YOU EVER OWNED A DOG? YES OR NO

IF SO, WHAT BREED: _____

2. DO YOU HAVE A LOUD, STRONG VOICE? YES OR NO

3. ARE YOU AFRAID OF DOGS EVEN THE SLIGHTEST BIT? YES
OR NO

4. HAVE YOU EVER WORKED IN A PLACE THAT TOOK CARE OF ANIMALS?
YES OR NO

5. ARE YOU ABLE TO WORK WEEKENDS, NIGHTS AND HOLIDAYS?
YES OR NO

If you answer NO to weekends and holidays you will not get the job. We are open 365 days a year.

6. WHY ARE YOU INTERESTED IN THIS POSITION?

7. WHAT HOURS ARE YOU AVAILABLE TO WORK?

Our hours are Monday-Friday 6:00 AM to 9:00 PM and
Saturday-Sunday & Holidays 6:00 AM to 9:00 PM.

8. SUMMARIZE YOUR SPECIAL SKILLS AND/OR QUALIFICATIONS FOR THIS TYPE OF JOB.

9. ARE YOU RELIABLE AND HAVE TRANSPORTATION?

YES OR NO

PREVIOUS EMPLOYMENT

(begin with most recent)

1. DATES OF EMPLOYMENT: FROM: __/__/__ TO: __/__/__
2. POSITION HELD: _____

NAME OF PLACE: _____

ADDRESS: _____

CONTACT NUMBER: _____

SUPERVISOR: _____

STARTING SALARY: _____ ENDING SALARY: _____

REASON FOR LEAVING:

MAY WE CONTACT THIS EMPLOYER? YES OR NO

2. DATES OF EMPLOYMENT: FROM: __/__/__ TO: __/__/__
3. POSITION HELD: _____

NAME OF PLACE: _____

ADDRESS: _____

CONTACT NUMBER: _____

SUPERVISOR: _____

STARTING SALARY: _____ ENDING SALARY: _____

REASON FOR LEAVING: _____

MAY WE

CONTACT THIS EMPLOYER? YES OR NO

3. DATES OF EMPLOYMENT: FROM: __/__/__ TO: __/__/__

4. POSITION HELD: _____

NAME OF PLACE: _____

ADDRESS: _____

CONTACT NUMBER: _____

SUPERVISOR: _____

STARTING SALARY: _____ ENDING SALARY: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? YES OR NO

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, OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY FOR AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS OR PERSONS 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 MY APPLICATION OR INTERVIEW MAY RESULT IN DISCHARGE.

SIGNATURE OF APPLICANT: _____

DATE SIGNED: _____