

OFFICE USE ONLY:	Interview: _____	Called on: _____	Left Message: _____	Hiring Status:
	W. Interview: _____	Called on: _____	Left Message: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
	Sec. W. Interview: _____	Called on: _____	Left Message: _____	

Designer Paws Salon

EMPLOYMENT APPLICATION



Please print or type your answers to all questions completely and accurately. Please fax or e-mail your completed employment application with required photos and resume (if available) to: (614) 360-3170 or info@DesignerPawsSalon.com.

I D E N T I F I C A T I O N	Name: (First) _____ (Middle / Initial) _____ (Last) _____			Today's Date: _____
	Street Address: (Number & Street) _____		City: _____	State: _____ Zip: _____
	Email Address: _____		Social Security Number: _____	
	Phone(s): _____		Date of Birth: _____	
	Position Desired: _____		Full or Part Time: _____	Date Available: _____
	Are you currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you part-time or full-time? _____		Are you allergic to any kind of animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind? _____	
	Are you a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Which days and hours of the week are you available to work? Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____			
	Can you, after employment, provide verification of the Right to Work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18 years of age, can you provide written statement of approval to work from your school or guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____		Would you give us permission to run a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If hired, would you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		How did you hear about Designer Paws Salon? _____	
	Did you grow up with pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have pets now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what pets do you have now? _____ _____	

E D U C A T I O N	Schools	Names / Locations of Institutions	Major / Minor, Type of Training	Did you graduate? What year?	Type of degree, or certificate
	High School				
	College				
	Graduate School				
	Vocational / Technical				
	Grooming School				
Courses, workshops, seminars and other specialized or advanced training: _____ _____ _____ _____					

EMPLOYMENT

Please give an accurate, complete full-time and part-time employment history. Start with your present or most recent employer first.
If you need additional space, please continue on a separate sheet of paper.

1	Company/Employer:	Phone:
	Address:	Employed (month/year): From: _____ To: _____
	Supervisor's Name:	Salary/Pay: Start: _____ Last: _____
	Job Title/Responsibilities: _____ _____ _____ _____	Where you: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time Average hours per week: _____ Reason for Leaving: _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____

2	Company/Employer:	Phone:
	Address:	Employed (month/year): From: _____ To: _____
	Supervisor's Name:	Salary/Pay: Start: _____ Last: _____
	Job Title/Responsibilities: _____ _____ _____ _____	Where you: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time Average hours per week: _____ Reason for Leaving: _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____

3	Company/Employer:	Phone:
	Address:	Employed (month/year): From: _____ To: _____
	Supervisor's Name:	Salary/Pay: Start: _____ Last: _____
	Job Title/Responsibilities: _____ _____ _____ _____	Where you: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time Average hours per week: _____ Reason for Leaving: _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____

GROOMER APPLICANTS

1. How long have you been grooming dogs? _____

Send before and after picture(s) of a Hand Scissored Poodle, Doodle or Bichon and a Patterned (Terrier) Dog with application.

2. Do you groom cats? Yes No If yes, for how long? _____

Send before and after picture(s) of a Shave Down, Lion Trim and Hand Scissor/Comb Attachment with application.

If no, would you be interested in learning? Yes No

3. Do you hand strip? Yes No If yes, for how long? _____

Send before and after picture(s) with application.

If no, would you be interested in learning? Yes No

4. Where or how did you learn to groom? _____

5. Do you compete? Yes No If yes, for how long? _____

If no, would you like to? Yes No

6. Do you do creative color? Yes No If yes, for how long? _____

If no, would you like to? Yes No

BATHER/GROOMING ASSISTANT APPLICANTS

1. Find a picture of a Corded Komondor and send with application.

2. Have you ever worked with animals at a shelter or rescue? Yes No

If yes, when and where? _____

REFERENCES

Please list 3 people below, who know you well (other than relatives), whom we may contact. Please include 1 co-worker.

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

SECONDARY SKILLS / ACCOMPLISHMENTS

Please list your secondary skill sets and any other accomplishments, qualifications and volunteer work.

AGREEMENT / SIGNATURE

This organization does not discriminate in hiring or employment because of race, color, religion, national origin, sex or age. No question is intended to secure information to be used for such discrimination.

Please read carefully and sign below.

I hereby certify that answers given by me in this application are true and correct to the best of my knowledge. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future, if I am hired. I authorize the verification of any or all information listed on this application.

I understand that this employment application and other company documents do not constitute a contract of employment and, if hired, I or the company may terminate my employment at any time for any reason.

Signature: _____ Date: _____