

## **Country Pup Kennel LLC**

At Country Pup Kennel LLC, we want to hear from you if you have a love of dogs and are interested in becoming part of our crew. We look for people who are hard-working, reliable, and responsible, with a positive attitude, willingness to learn, and skilled not only in confidently working with dogs, but also in professionally interacting with our pet parent clients.

## **Employment Application Form**

Applicants May be Tested for Drugs				
Please print all information requested except signature				
Name:	Date:			
Present Address:				
How Long? Social Security #				
Telephone Number	Alt. Number			
If under 18, please list age				
Email address:				
Position Applied for	Desired Salary \$ per			
How many hours can you work weekly?	Can you work nights?			
Employment desired (check one)Full time only	Part time onlyFull or Part time			
When are you available to begin?				
Why do you want to work at Country Pup Kennel?				

30209 116th St NW Princeton, MN 55371



info@countrypupkennel.com 763-220-5885 www.countrypupkennel.com



Days/Hours available to work (list below)No preference						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturda	ay Sunday
Type of school	Name o	f School	Address	3	Number of years	Major or Degree
High School						
College						
Business or Trade						
Professional						
Driver's License  Do you have a driver's License?YesNo  DL# State of Issue Expiration Date						
References  Please list two references other than relatives or previous employers.						
Name			Name			
Position			Position			
Company_			Compan	У		
Address			Address_			
City, State,	, Zip		City, Stat	e, Zip		
Phone Nu	mber		Phone Nur	mber		



Work Experience				
Please list your work experience for the past five employers beginning with the most recent job held. If you were self-employed, give firm name.				
1) Name of employer:	Phone Numbers: 1.	Employment Dates:	Your last Job Title:	
	2.	From:		
Address:		То:		
	Name of last Supervisor:	Pay or Salary:	Other Positions held:	
		Start:		
		Final:		
Reason for leaving:				
List duties preformed, skills u	sed or learned:			

2) Name of employer:	Phone Numbers: 1.	Employment Dates:	Your last Job Title:
	2.	From:	
		То:	
Address:		10.	
	Name of last Supervisor:	Pay or Salary:	Other Positions held:
	_		
		Start:	
		Final:	



Reason for leaving:			
List duties preformed, skil	ls used or learned:		
3) Name of employer:	Phone Numbers: 1.	Employment Dates:	Your last Job Title:
	2.	From:	
Address:		То:	
		D C1	Od. p. 22 1.11
	Name of last Supervisor:	Pay or Salary:	Other Positions held:
		Start:	
		Final:	
Reason for leaving:			
List duties preformed, skil	ls used or learned:		
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May we contact your pre	sent employer?Yes _	No	
I hereby state that the in	nformation I have given is	true and correct to the be	st of my knowledge
Thereby state that the h	morniadon i nave given is	inde and correct to the be	st of my knowledge.
0. 1		<b>5</b> .	
Signea		Date	