



EMPLOYMENT APPLICATION

Date: _____
 First & Last Name _____
 Current Address: _____ Apartment #: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell: _____

Are you applying for a full time or a part time position? (Circle one) FULL TIME PART TIME
 How many hours can you work per week? _____ PLEASE WRITE YOUR AVAILABILITY BELOW

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Can you work weekends and holidays? _____ If not, why not? _____
 If employed, do you have to give a two weeks' notice? (Circle one) YES NO
 Start Date: _____ Hourly Wage Requested: _____
 How did you find out about Lucy's? _____

Are you a High School graduate? (Circle one) YES NO G.E.D. What Year? _____
 What school did you attend? _____
 Are you attending college? (Circle one) YES NO How many months/years? _____
 Are you/will you be returning to school? (Circle one) YES NO
 If yes, when will you attend? _____

Have you ever been convicted of a misdemeanor/felony? (Circle one) YES NO
 If yes, when, and what for? _____

Do you have a reliable ride/transportation? _____
 Do you currently have any physical disabilities that would make you unable to perform duties such as lifting, carrying, or janitorial type duties? (Circle one) YES NO
 If yes, Please explain: _____

EMPLOYMENT HISTORY

LIST YOUR THREE LATEST POSITIONS IN ORDER FROM MOST RECENT

Dates of Employment: Starting Date: _____ Ending Date: _____	
Date: _____	
Company Name: _____	
Address: _____	
Position at this company: _____	
Job Description: _____	
Supervisor's Name: _____ Phone: _____	
Reason for Leaving: _____	

Dates of Employment:	
Starting Date: _____	Ending Date: _____
Company Name: _____	
Address: _____	
Position at this company: _____	
Job Description: _____	
Supervisor's Name: _____ Phone: _____	
Reason for Leaving: _____	
May we contact this employer? (Circle one) YES NO	

Dates of Employment:	
Starting Date: _____	Ending Date: _____
Company Name: _____	
Address: _____	
Position at this company: _____	
Job Description: _____	
Supervisor's Name: _____ Phone: _____	
Reason for Leaving: _____	
May we contact this employer? (Circle one) YES NO	

PERSONAL REFERENCES

LIST THREE PERSONAL REFERENCES BELOW. WE MAY CONTACT SOME, OR ALL OF THESE INDIVIDUALS BEFORE OFFERING YOU A POSITION AT LUCY'S. PLEASE DO NOT LIST A FRIEND OR FAMILY MEMBER.

Name: _____	
Address: _____	
State: _____	City: _____
Zip: _____	
Phone: _____	
Relationship: _____	
Years Known: _____	

Name: _____	
Address: _____	
City: _____	State: _____
Zip: _____	
Phone: _____	
Relationship: _____	
Years Known: _____	

Name: _____	
Address: _____	
City: _____	State: _____
Zip: _____	
Phone: _____	
Relationship: _____	
Years Known: _____	

PLEASE LIST ANY ADDITIONAL SKILLS YOU MAY HAVE PERTAINING TO THE ANIMAL HEALTH CARE FIELD:

DO YOU HAVE ANY PREVIOUS EXPERIENCE WORKING WITH ANIMALS, ESPECIALLY DOGS?

DO YOU HAVE ANY PETS/ANIMALS?

ARE YOU COMFORTABLE HANDLING ANY SIZE DOGS? (WE BOARD DOGS FROM 1 LB. TO 150 LBS.+)

APPLICANT SIGNATURE: _____ DATE: _____