

## Employment Application

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# **The Dog Eaze Inn**

**Please return to:  
Prince William Kennels, Inc.  
13903 Telegraph Rd.  
Woodbridge, VA. 22192  
Phone (703) 491-1564  
Fax: (703) 491-7611**

**Hours:**

**Mon-Fri 8:00-7:00**

**Sat 8:00-5:00**

**Sun 5:00-7:00**

**General description:**

*Kennel attendants* care for pets while their owners are working or traveling out of town. Attendants perform basic tasks, such as cleaning cages and dog runs, filling food and water dishes, keep daily pet logs and exercising animals. Attendants may provide basic animal healthcare, as well as bathe animals, trim nails, and attend to other grooming needs. Attendant will also be required to answer telephones, schedule appointments, discuss pets' grooming needs and care with clients, and collect information on the pet's disposition and its veterinarian. Attendants are often the first to notice and report a medical problem, such as an ear or skin infection, that requires special attention and/or care.

DATE OF APPLICATION: \_\_\_\_\_

**PLEASE PRINT**

Last Name	First	Middle Initial	Social Security #
Maiden Name, if applicable			Salary Desired
Address			Home Telephone # Cell/Message #
Position Applying For		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Date available to start work?
Specify days and hours preferred:			
If required, would you be willing to work overtime? No <input type="checkbox"/> Yes <input type="checkbox"/>	Are you available to work on Holidays: All <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Please list:		What shifts are you willing to work? AM <input type="checkbox"/> PM <input type="checkbox"/> Either <input type="checkbox"/>
Do you have any allergies that would prevent you from handling the animals: No <input type="checkbox"/> Yes <input type="checkbox"/>	Are you able to lift 50 lbs or more: No <input type="checkbox"/> Yes <input type="checkbox"/>		Are you comfortable handling animals? No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you comfortable with bathing dogs: No <input type="checkbox"/> Yes <input type="checkbox"/>	Are you comfortable with trimming dogs nails: No <input type="checkbox"/> Yes <input type="checkbox"/>		Are you comfortable with bathing cats and trimming nails: No <input type="checkbox"/> Yes <input type="checkbox"/>
Are there any animals or dog breeds that you would prefer not to care for? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Are you comfortable walking large dogs or more than one dog at a time? No <input type="checkbox"/> Yes <input type="checkbox"/>			
What types of medications are you comfortable with administering?			
Have you ever worked or volunteered to work with animals before, No <input type="checkbox"/> Yes <input type="checkbox"/> If yes please explain:			
Do you currently own any pets? If yes, please list:			
Do you have any relatives/friends employed currently or previously by The Dog Eaze Inn (Prince William Kennels)? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, list name(s) and positions:			
If we were to offer you a position here, what would your expectations be about this job?			
Are you comfortable working alone? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Do you see yourself doing the same job or working in this field in two years? Five Years? Please explain:			
Why would you like to work here and what would you hope to gain from the experience?			
Have you ever applied for employment with us before? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, list date(s) and position(s):			

Are you at least 18 years old? No <input type="checkbox"/> Yes <input type="checkbox"/> if under 18, do you have a work permit? No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you ever been convicted of any violation(s) of law? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain:

EDUCATION Circle Highest Grade Completed: High School 9 10 11 12  
 If you did not complete high school, do you have a high school equivalency diploma? No  Yes   
 College, Trade or Business \_\_\_\_\_  
 Graduate Studies \_\_\_\_\_

NAME/LOCATION OF SCHOOL	DATES ATTENDED	MAJOR STUDIES	DEGREE, DIPLOMA, LICENSE OR CERTIFICATE
High School			
College/University			
Vocational, Business, Other			

List other special animal care, administrative or customer care skills, knowledge, experience or qualifications that may assist you in the performance of the job for which you are applying.

Do you use a computer? No <input type="checkbox"/> Yes <input type="checkbox"/> What computer programs are you familiar with?
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For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? No  Yes . Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

**EMPLOYMENT HISTORY**

List below your last four (4) employers, starting with the last one first. All information **MUST** be completed. You may attach a resume, but it does not take the place of completing all the required information.

May we contact your present employer? No  Yes

Employed From / /	Employer's Name	Supervisor's Name	Starting Salary
Employed Until / /	Employer's Address	Supervisor's Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties and Responsibilities			

Employed From / /	Employer's Name	Supervisor's Name	Starting Salary
Employed Until / /	Employer's Address	Supervisor's Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties and Responsibilities			

Employed From / /	Employer's Name	Supervisor's Name	Starting Salary
Employed Until / /	Employer's Address	Supervisor's Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties and Responsibilities			

Employed From / /	Employer's Name	Supervisor's Name	Starting Salary
Employed Until / /	Employer's Address	Supervisor's Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties and Responsibilities			

PROFESSIONAL REFERENCES: List three (3), other than relatives

NAME	RELATIONSHIP	PHONE NUMBER	YEARS KNOWN
1			
2			
3			

PERSONAL REFERENCES: List 3 other than relatives

NAME	RELATIONSHIP	PHONE NUMBER	YEARS KNOWN
1			
2			
3			

CERTIFICATION AND AUTHORIZATION

I certify that the facts contained in this application are true and correct. I understand that, in the event of my employment, I shall be subject to dismissal if any information that I have given in the application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand that I shall be required to provide documentation establishing my legal authorization for employment prior to commencing work. I understand that if employed, my employment will be at will and that this is not a contract for employment or a guarantee of employment. The Employer is an Equal Opportunity Employer and shall treat all employees and applicants for employment equally and fairly based upon job related qualifications and in accordance with all applicable local, state and federal laws.

This waiver does not permit the release or use of disability-related or medical information in manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Please note that employment in Virginia is “at-will” in nature. This means that either you or the company may terminate the relationship at any time, with or without cause or prior notice.

A trial period will be given to all new hires and a review of performance and assessment for continued employment will be performed within a 30-day period from the date of hire date.

By signing below, I verify that all information provided is accurate and true to the best of my knowledge.

Date \_\_\_\_\_ Applicant’s Signature \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE-----

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

REMARKS:

