



Employment Application

Applicant Information

Full Name _____ Social Security Number _____
Address _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____ Email Address _____

Date Available to Start _____ Salary Requirement _____
Type of employment desired: Full Time Part Time Temporary Seasonal

Position Applied for: _____

Location Applying for: _____

Are you a citizen of the US? Yes No

If Not, are you legally allowed to work in the US? Yes No

If you are under 18 -we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Have you ever pled "guilty", "No contest", or been convicted of a crime? Yes No

If yes, give dates and details: _____

Who referred you to us? _____

Education

High School _____

Address _____ City _____ State _____ Zip _____

Years Completed _____ Did you graduate? Yes No GPA _____

College or University _____

Address _____ City _____ State _____ Zip _____

Years Completed _____ Did You Graduate? Yes No Degree _____

Major _____ GPA _____

Other Education:

Employment History

Company _____ Dates of Employment _____ to _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____ Title _____
Position Held _____ Starting Salary _____ Ending Salary _____
Responsibilities _____
Reason for Leaving _____
May we contact this employer for a reference? Yes No

Company _____ Dates of Employment _____ to _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____ Title _____
Position Held _____ Starting Salary _____ Ending Salary _____
Responsibilities _____
Reason for Leaving _____
May we contact this employer for a reference? Yes No

Company _____ Dates of Employment _____ to _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____ Title _____
Position Held _____ Starting Salary _____ Ending Salary _____
Responsibilities _____
Reason for Leaving _____
May we contact this employer for a reference? Yes No

Summarize your Skills or Qualifications

References

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

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.

Signed _____ Date _____

Tailwagging LLC dba TailWaggers Doggy Daycare
1077 Tullar Court
Neenah, WI 54956
Phone: 920-486-5600

www.tailwaggersddc.com