

PET INN RESORT

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Mail to: 56 Heyman Ln, Alexandria, LA 71303

Management Application 1/09 Rev.

WHERE DID YOU HEAR ABOUT THIS POSITION? _____

APPLICATION Part I

1. Having Read and Understanding The Physical, Mental, And Emotional Requirements Of This Position:

Would You Like To Join Our Team? _____

Which Position are you applying for? Student Program ____, Guest Care & Customer Services ____, or Management Trainee _____

Are You Physically Able To Meet The Job Requirements? _____

2. Our Business Is Seasonal, This Position Will Include More Hours During Our Busy Times. What Are The Minimum And Maximum Weekly Hours

You Are Willing And Able To Work? Min_____ Max_____

3. We Work 7 Days A Week, 365 Days A Year,

What Days Are You available To Work?

What Days Are You Unavailable To Work?

4. Would You Be An Asset To Our Team? Why?

5. What Special Skills, Training and Knowledge Would You Bring To Our Staff?

6. What Computer Applications Do You Have A Working Knowledge Of?

7. What Experience Do You Have Caring For Dogs And Cats?

8. What Pets Currently Share Your Life?

APPLICATION FOR EMPLOYMENT

Date:

PERSONAL INFORMATION

Name: (Last, First, Middle, Maiden)

Address: Street: State: Zip Code:
City:

Email Address:

Home Phone # Cell Phone #:

Drivers License # Social Security #:

I am a U.S. Citizen Yes / No If No, I am Legally Eligible to Work in the U.S.A. Yes / No

EMPLOYMENT DESIRED

Position: Date You Can Start: Salary Desired:

Are You Employed? Yes / No If Yes, May We Inquire of You Employer? Yes / No

Have You Applied with Us Before? Yes / No When:

Do You Have Reliable Transportation? Yes / No
Have You Ever Had a Moving Vehicle Violation? Yes / No
If Yes, List and Explain:

Have You Ever Been Arrested or Convicted of a Crime? Yes / No
If Yes, Explain:

Have You Used Illegal Drugs? Yes / No
If Yes, Explain:

Have You Ever Applied For or Received Workman's Compensation? Yes / No
If Yes, Explain:

Do You, or Have You Ever Had, Back, Hip, or Knee Problems? Yes / No
If Yes, Explain:

How Many Days Did You Miss Work in The Past Years:
Due to Illness: Due to Other Reasons: Explain:

EDUCATION

High School:

Name: City: State:

Year You Graduated:

College:

Name: City: State:

Years Attended: Did You Graduate: Major:

Other:

Technical Schools:

Name: City: State:

Years Attended: Did You Graduate: Subject Studied:

Special Training/Skills, OJT, Special Study/Research Work:

U.S. Military Service:

Rank:

HOBBIES & INTERESTS:

ANIMAL EXPERIENCE:

WORK HISTORY (List Below Last Four Employers, Starting With The Last One First)

Employer:

Street: City: St: Zip:

Position: Beginning - Ending -

Supervisor: Phone #:

Dates Employed: From: / / To: / /

Beginning Salary: Ending:

Duties:

Reasons For Leaving:

Employer:

Street: City: St: Zip:

Position: Beginning - Ending -

Supervisor: Phone #:

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Work History

Employer:

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Position: Beginning - _____ **Ending -** _____

Supervisor: _____ **Phone #:** _____

Dates Employed: From: / / **To:** / /

Beginning Salary: _____ **Ending:** _____

Duties:

Reasons For Leaving:

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

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."

DATE: _____ **SIGNATURE:** _____

APPLICATION FOR EMPLOYMENT Part 2

Date:

PERSONAL INFORMATION

Name: (Last, First, Middle, Maiden)

Address: Street: State: Zip Code:
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Email Address:

Home Phone # Cell Phone #:

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Dates Employed: From: / / To: / /

Beginning Salary: Ending:

Duties:

Reasons For Leaving:

Work History

Employer:

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DATE: _____ **SIGNATURE:** _____