

Love My Doggy Day Care Become Part of Our Playground Crew

At Love My Doggy Day Care, we want to hear from you if you have a love of dogs and are interested in becoming a Dog Handler or Playground Supervisor. 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 informati	on requested except signature		
Name:	Da	te:	
Present Address:			
How Long? Social Security #			
Гelephone 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		l or Part time	
When are you available to begin?			

5120 Butler Pike Plymouth Meeting, PA 19462





Days/Hours available to work (list below)		No pr	reference			
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Type of school	Name of School	Address	Number of years	Major or Degree
High School				
College				
Business or Trade				
Professional				

Driver's License

Do you have a driver's License?YesY	No				
DL#State of	of IssueExpiration Date				
If you are applying for a delivery position, please a	nswer the following questions:				
Type of Driver's LicenseOperatorCommercial (CDL)Chauffer					
Do you have insurance? Please list company					
Have you had any accidents in the past three years? How many?					
Have you had any moving violations during the past three years? How many?					

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Clerical/Office

If you are applying for a clerical/office positio	n, please answer the following questions:
Typing skillsYesNo if yes, WPM	
Personal ComputerYesNo if yes,	PCMac
Other Skills/Programs	
References	
Please list two references other than relatives of	or previous employers.
Name	Name
Position	Position
Company	Company
Address	Address
City, State, Zip	City, State, Zip
Phone Number	Phone Number

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perience for the past five	employers beginning with	the most recent job		
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L>) 8				
Phone Numbers:	Employment Dates:	Your last Job Title:		
1.	From:			
2.	То:			
Name of last Supervisor:	Pay or Salary:	Other Positions held:		
	Start:			
	Final:			
Reason for leaving:				
ls used or learned:				
	Phone Numbers: 1. 2. Name of last Supervisor:	Phone Numbers: Employment Dates: 1. From: 2. To: Name of last Supervisor: Pay or Salary: Start: Final:		

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





List duties preformed, sk	ills used or learned:		
r,			
3) Name of employer:	Phone Numbers:	Employment Dates:	Your last Job Title:
	1.	From:	
Address:	2.	То:	
	Name of last Supervisor:	Pay or Salary:	Other Positions held:
		Start:	
		Final:	
Reason for leaving:			
List duties preformed, sk	ills used or learned:		

4) Name of employer:	Phone Numbers:	Employment Dates:	Your last Job Title:
	1.	From:	
Address:	2.	То:	





	Name of last Supervisor:	Pay or Salary:	Other Positions held:
		Start:	
		Final:	
Reason for leaving:	,		
List duties preformed, skil	lls used or learned:		
5) Name of employer:	Phone Numbers:	Employment Dates:	Your last Job Title:
	1.	From:	
Address:	2.	To:	
	Name of last Supervisor:	Pay or Salary:	Other Positions held:
		Start:	
		Final:	
Reason for leaving:			
List duties preformed, skil	lls used or learned:		





May we contact your present employer?	YesNo	
Did you complete this application yourself? _ who helped?		not,
I hereby state that the information I have	given is true and correct to the best of my knowle	dge.
Signed	Date	

