

# ALL ACCESS DOGS

## EMPLOYMENT APPLICATION



**Return to:**

All Access Dogs LLC  
1460 Hanging Rock Rd.  
Boiling Springs, SC 29316

### 1. APPLYING FOR:

Job Title: \_\_\_\_\_ Desired salary: \_\_\_\_\_

Available start date: \_\_\_\_\_ Do you plan to keep a second job?  NO  YES

Day and times you're available to work (Mark all that apply):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

### 2. HOW DO WE CONTACT YOU?

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 3. TELL US ABOUT YOUR EDUCATION:

High School (Name): \_\_\_\_\_ location: \_\_\_\_\_

Diploma  GED  None  Other (Specify): \_\_\_\_\_

College Graduate?  NO  YES

If yes, tell us: Degree \_\_\_\_\_ Year obtained \_\_\_\_\_

College / University: \_\_\_\_\_

College / University: \_\_\_\_\_

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### Job-Related Training and Course Work

List any skills, licenses, certificates and hands on training which are related to the job you seek (including words per minute typing speed and computer software proficiency).

### 4. TELL US ABOUT YOUR WORK EXPERIENCE:

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. **All information in this section must be complete. A resume may be attached, but not substituted for completing this section.**

1. Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact this employer?  NO  YES

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hours Per Week Worked: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Duties (give details):

Reason for Leaving:

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2. Your Next Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact this employer?  NO  YES

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hours Per Week Worked: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Duties (give details):

Reason for Leaving:

3. Your Next Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact this employer?  NO  YES

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hours Per Week Worked: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Duties (give details):

Reason for Leaving:

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Do you possess a valid driver's license?  NO  YES

If yes, Provide the: Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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Do you have any relatives or friends employed with All Access Dogs?  NO  YES

If yes, please provide their names below.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Job Title: \_\_\_\_\_

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Have you ever been convicted of a criminal offense?  NO  YES

*Note: Omit minor vehicle violations and any offense committed before your 17<sup>th</sup> birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.*

If yes, list charge(s) \_\_\_\_\_

Where convicted: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition/Statu: \_\_\_\_\_

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Have you ever been terminated or forced to resign from any job?  NO  YES

If yes, explain: \_\_\_\_\_

Are you legally authorized to work in the United States?  NO  YES

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Give the names of two people, not relatives, who are familiar with your work.

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

X \_\_\_\_\_  
Signature Date