



PAWS Employment Application

PLEASE PRINT CLEARLY

DATE: _____

Personal Information

LAST NAME:		FIRST NAME:		MI:	DOB:
STREET ADDRESS:		CITY:		STATE:	ZIP:
PRIMARY PHONE:		SECONDARY:		EMAIL:	
Are you legally eligible for employment in the US? Y N			Can you work weekends and/or holidays? Y N		
Position Applying For:		Salary Desired:		Available Start Date:	
Have you ever been convicted of a felony or misdemeanor other than a parking violation? Y N If "Yes", please explain. Include date, charge and outcome. (Failure to do so could be grounds for termination.)					
Do you consent to a criminal background check? Y N (conviction record will not necessarily bar employment)					

Employment History

Give accurate, complete full-time & part-time employment history, starting with the present or most recent employer.

Company Name:			Position Title:		
STREET ADDRESS:			CITY:	STATE:	ZIP:
Employed (month/year) From: To:		Salary Start: Finish:		Reason for leaving:	
Manager/Supervisor:			Contact Number:		
May we contact this person? Y N		Describe your responsibilities:			
#2 Company Name:			Position Title:		
STREET ADDRESS:			CITY:	STATE:	ZIP:
Employed (month/year) From: To:		Salary Start: Finish:		Reason for leaving:	
Manager/Supervisor:			Contact Number:		
May we contact this person? Y N		Describe your responsibilities:			

Education

School	Name & Location	Course of Study	Yrs Completed	Did You Graduate?	Degree/Diploma
College					
High					
Other					

References

Please list references NOT RELATED TO YOU (ex: Business, Academic, Professional) whom you've known at least 1 yr

Name	Contact Number	Relation	Yrs Acquainted



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Questionnaire

Do you have any special training or education concerning animals? Y N

Why would this be a good job for you?

Have you ever worked with animals before? Y N If so, in what way?

Do you currently own any pets? Y N If yes, are you the primary care giver? Y N

Have you ever cared for a dog that was not your own? Y N If yes, please describe...

Have you ever dealt with a dog or cat with a medical emergency or injury? Y N If yes, please describe...

Have you ever been in a situation with a fearful or aggressive dog? Please describe...

Do you have any physical limitations that may hinder your ability to work hands-on with dogs and/or cats? Y N

Are you fearful of, or uneasy around dogs and/or cats? Y N

Are you allergic to animals? Y N If yes, please explain the reaction:

Do you have any other medical problems that could be aggravated by working with animals? Y N

Can you safely lift up to 30 pounds? Y N

Do you have a current tetanus shot? Y N

I understand the importance of having a tetanus vaccination prior to working with animals. If employment is established, I release Plaquemines Animal Welfare Society (PAWS) from all responsibility that may occur because of my decision to abstain from a tetanus vaccination and understand that whatever decision I make is at my own risk.

- 1. I authorize PAWS to investigate my record, including any of the information contained within this application with exception to any written statement requesting that no reference be attempted.**
- 2. I understand that neither this application, nor any oral representations made to me during the interview process constitutes a contract of employment between myself and PAWS, and that should employment be granted, I reserve the right to terminate it at any time, with or without notice. I also understand that PAWS reserves a similar right.**
- 3. I hereby attest, under penalty of perjury, that I am authorized to work in the United State**
- 4. By signing this application, I affirm that the information given by me in this employment application is accurate and complete; I understand that any falsification will be considered grounds for dismissal.**

Applicant's Signature	Date:
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