



## P.A.W.S. Employment Application

**PLEASE PRINT CLEARLY**

Personal Information			
Last Name:	First Name:	Middle Name:	Date:
Street Address:			
City, State, & Zip Code:			
Home Phone:	Cell Phone:	Other Phone:	
Email:			
Position Desired:	Salary Desired:	Available Start Date:	
Are you over 18 years of age? <input type="radio"/> Yes <input type="radio"/> No	Are you legally eligible for employment in the US? <input type="radio"/> Yes <input type="radio"/> No	Can you work weekends and holidays? <input type="radio"/> Yes <input type="radio"/> No	
Have you ever been convicted of a felony or misdemeanor other than a parking violation? <input type="radio"/> Yes <input type="radio"/> No If "yes" please explain including date, charge and disposition (failure to do so could be grounds for immediate dismissal).			
Do you consent to a criminal background check? <input type="radio"/> Yes <input type="radio"/> No   (Conviction record will not necessarily bar employment)			
I understand that any offer of employment is contingent upon my presentation of one or more of the original documents required by the Immigration Reform and Control Act of 1986. Furthermore, I understand that should I not present these original documents on or before my first day of work, the actual commencement of my employment will be delayed until I provide this documentation. (Initial Here)			

Employment History			
Please give accurate, complete full-time and part-time employment history, starting with the present or most recent employer.			
Company Name:		Position/Title:	
Address:			
Employed (month & year) From:                      To:	Salary Start:	Finish:	Reason for leaving:
Manager or Supervisor:		Phone:	
May we contact this person? <input type="radio"/> Yes <input type="radio"/> No			
Describe Duties:			



### Employment History (Continued)

Please give accurate, complete full-time and part-time employment history, starting with the present or most recent employer.

Company Name:		Position/Title:			
Address:					
Employed (month & year) From:                      To:		Salary Start:                      Finish:		Reason for leaving:	
Manager or Supervisor:			Phone:		
May we contact this person? <input type="radio"/> Yes <input type="radio"/> No					
Describe Duties:					
Company Name:		Position/Title:			
Address:					
Employed (month & year) From:                      To:		Salary Start:                      Finish:		Reason for leaving:	
Manager or Supervisor:			Phone:		
May we contact this person? <input type="radio"/> Yes <input type="radio"/> No					
Describe Duties:					

### Education

School	Name & Location of School	Course of Study	Number of Years Completed	Did you graduate?	Degree or Diploma
College				<input type="radio"/> Yes <input type="radio"/> No	
High				<input type="radio"/> Yes <input type="radio"/> No	
Trade				<input type="radio"/> Yes <input type="radio"/> No	
Other				<input type="radio"/> Yes <input type="radio"/> No	

### Military Service

Please complete this section if you have served in the U.S. Armed Forces (Do not include ROTC and Active Duty for Training)

Branch of Service:		Period of Active Duty: (Month & Year) From:                      To:	
Occupational Specialization:		Rank or Grade at Discharge:	
Describe your duties and any special training:			



### References

Academic, Business, and/or Professional (Give below the names of at least three persons not related to you, whom you have known at least one year)

Name	Address	Phone Number	Relation	Years Acquainted

### Questionnaire

Please complete the following questionnaire to tell us more about you!

Do you have any special training or education concerning animals?

Why would this be a good job for you?

Have you ever worked with animals before?     Yes     No    If so, in what way?

Do you currently own any pets?     Yes     No    If yes, please list all below.

Type of Animal	Male/Female	Spayed/Neutered	Inside/Outside	Age	Years Owned

Have you ever cared for a dog or cat that was not your own? Please describe...

Have you ever dealt with a dog or cat with a medical emergency or injury? Please describe...

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

Do you have any physical limitations that might limit your physical contact with the dogs and/or cats at PAWS? Are you fearful of dogs?

Anything else we need to know?



Medical Information	
Are you allergic to cats or dogs <input type="radio"/> Yes <input type="radio"/> No	Please explain:
Do you have any other medical problems that could be aggravated by working with animals?	
Can you safely lift up to 30 pounds? <input type="radio"/> Yes <input type="radio"/> No	Do you have a current tetanus shot? <input type="radio"/> Yes <input type="radio"/> No

I understand the importance of having a tetanus vaccination prior to working with animals. I also understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician. If an employment relationship is established, I release Plaquemines Animal Welfare Society (P.A.W.S.) from all responsibility that may occur because of my not obtaining a tetanus vaccination and understand that whatever decision I make is at my own risk.

1. I authorize P.A.W.S. to investigate my record, including any of the information contained in this employment application except where my written statement specifically requests that no reference be made.
2. I understand that nothing contained in this employment application, or in any oral representations made to me during the interview process may create an employment contract between P.A.W.S. and me. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, with or without notice and with or without cause, and that P.A.W.S. retains a similar right.
3. I hereby attest under penalty of perjury that I am authorized to work in the United States.
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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### Availability

Name:	Date:
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Home Phone:	Cell Phone:	Other Phone:
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Email:

Best way to reach you:       Call       Text       Email       Other:

Do you have internet access?       Yes       No

Please select the days and times you CAN work:

Monday 8am – 6 pm	Tuesday 8am – 6pm	Wednesday 8am – 6pm	Thursday 8am – 6pm	Friday 8am – 6pm	Saturday 8am – 6pm	Sunday 8am – 6pm

I would prefer to work:

I would prefer not to work: