

Sarah Richardson's Canine Connection

An Equal Opportunity Employer

P.O. Box 7444

Chico, CA 95927

**PLEASE COMPLETE ALL
6 PAGES**

Office Use Only:
Date Rec'd: _____
Accepted by: _____

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Application Date: _____

Name _____

Last First Middle

Present address _____

Telephone (____) _____ **Email:** _____

Employment Desired

<p>Position applying for _____</p> <p>When Can you start? _____</p> <p style="text-align: center;">(Be specific)</p>	<p>Days/hours available to work:</p> <p>No Pref _____ Thur _____</p> <p>Mon _____ Fri _____</p> <p>Tue _____ Sat _____</p> <p>Wed _____ Sun _____</p>
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How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Can you work weekends? _____ Could you be available on-call? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE (Graduated?)
High School				
College				
Bus. or Trade School				
Professional School				

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____

Expiration date _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT? _____

If Yes, please give details: _____

REFERENCES:

Please list two references other than relatives or previous employers.

Name _____	Name _____
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Position _____	Position _____
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Company _____	Company _____
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Address _____ _____	Address _____ _____
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Telephone () _____	Telephone () _____
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Telephone () _____	Telephone () _____
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Please list two references that are work-related.

Name _____	Name _____
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Position _____	Position _____
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Company _____	Company _____
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Address _____ _____	Address _____ _____
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Address _____ _____	Address _____ _____
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Telephone () _____	Telephone () _____
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Telephone () _____	Telephone () _____
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Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
 If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

PLEASE READ CAREFULLY

APPLICATION CERTIFICATION AND WAIVER

In exchange for the consideration of my job application to Sarah Richardson’s Canine Connection (hereinafter called “Canine Connection”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Canine Connection practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Sarah Richardson’s Canine Connection, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner of the Canine Connection. Both the undersigned and to Sarah Richardson’s Canine Connection may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Canine Connection may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I certify that all statements made on this application are true and I understand and agree that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Canine Connection permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Canine Connection from any liability as a result of such contract.

I further understand that my employment with the Canine Connection shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Canine Connection is terminable at will for any reason by either party.

Signature of applicant_____

Date: _____

The Canine Connection is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability.

Thank you for completing this application and for your interest in our business.