



Last Name

Date

Paw Prints
www.pawprintsspa.com
419-943-4772

Phone Number

SSN: _____ Driver's License Number: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Position Applying For: _____ Date You Can Start: _____

Do you have any Moving Violations? Yes No If Yes Explain: _____

Do you have any Misdemeanor/Felony Convictions? Yes No If Yes Explain: _____

Can we run a background check? Yes No

Do you have any physical conditions that would prohibit you from lifting up to 70 lbs? Yes No

Do you have reliable transportation? Yes No

Are you 18 years or older? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Are you employed now? Yes No

May we contact your current employer or previous employers? Yes No

Education

Grammer School Name & Location: _____ Years Attended: _____ Did you Graduate? _____

High School Name & Location: _____ Years Attended: _____ Did you Graduate? _____

College Name & Location: _____ Years Attended: _____ Did you Graduate? _____

Trade, Business, or Correspondence School: _____ Years Attended: _____ Did you Graduate? _____

Subjects I have studied, Special Skills I have, and Activities (civil, athletic, etc.) I have been involved in: _____

Experience

1) Job Title: _____ Employer: _____ Salary: _____
Address: _____ City _____ State: _____ Zip: _____
Phone: _____ Type Of Business: _____ Duties: _____
Dates: (mo/yr) _____ To (mo/yr) _____ Reason For Leaving: _____

2) Job Title: _____ Employer: _____ Salary: _____
Address: _____ City _____ State: _____ Zip: _____
Phone: _____ Type Of Business: _____ Duties: _____
Dates: (mo/yr) _____ To (mo/yr) _____ Reason For Leaving: _____

3) Job Title: _____ Employer: _____ Salary: _____
Address: _____ City _____ State: _____ Zip: _____
Phone: _____ Type Of Business: _____ Duties: _____
Dates: (mo/yr) _____ To (mo/yr) _____ Reason For Leaving: _____

4) Job Title: _____ Employer: _____ Salary: _____
Address: _____ City _____ State: _____ Zip: _____
Phone: _____ Type Of Business: _____ Duties: _____
Dates: (mo/yr) _____ To (mo/yr) _____ Reason For Leaving: _____

References: Please list 3 References that are not related to you

1) Name: _____ Address: _____
Business: _____ Years Acquainted: _____ Phone Number: _____
2) Name: _____ Address: _____
Business: _____ Years Acquainted: _____ Phone Number: _____
3) Name: _____ Address: _____
Business: _____ Years Acquainted: _____ Phone Number: _____

By signing below, I certify that all the above is true and complete to the best of my knowledge.

Date: _____ Applicant Signature: _____



Last Name

Date

Phone Number

QUESTIONNAIRE

Please Share a little About Yourself:

What interests you about being a Groomer's Assistant?

- | | | |
|--|------------------------------|-----------------------------|
| Do you consider yourself a patient person? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you prefer to work alone? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will it bother you if you have to work over? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you consider yourself a responsible person? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you handle stress well? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you work well with others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you scared of aggressive animals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you scared of getting bit by an animal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would washing a pet covered with parasites bother you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would washing a pet covered in urine/feces bother you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you get grossed out easily? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does dog hair bother you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you allergic to pet dander? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you currently own a dog/cat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you think it is ok to muzzle pets? Why?

Is there anything else you would like to add?

Please fill out additional questions on back side -->

What days are you available to work (mark all that apply):

- Monday Wednesday Friday Sunday
- Tuesday Thursday Saturday

What times are you available on the days you can work?

Monday: _____ Friday: _____

Tuesday: _____ Saturday: _____

Wednesday: _____ Sunday: _____

Thursday: _____

Are you available to travel to all of our locations? Yes No

(Includes: All of Putnam County & Findlay, Lima, and Defiance Areas)

If No, What locations can you NOT travel to?

- Do you have insurance on your vehicle? Yes No
- Can you show proof of insurance if asked to? Yes No
- Have you ever worked with dogs & cats? Yes No
- Do you have any experience working with dogs/cats? Yes No

If Yes, please explain:

Are you applying for other jobs? Yes No

Why do you want to work for Paw Prints?

Do you know anyone who works for Paw Prints? Yes No

If Yes, Who?

Applicant's Signature

Date