

**Paws 'n Claws PlayCare, Inc. 1530 West 26<sup>th</sup> Street, Erie, PA 16508**  
**Phone: 814-456-7297 Fax: 814-456-7299**

***Application for Employment***

**Please Note: This application must be in YOUR OWN handwriting. To receive proper consideration, please answer all questions pertaining to the position desired in full. Please PRINT as neatly as possible!**

***Tell Us About Yourself***

Name in Full:		Today's Date: / /		
Address:		City:		
State:	Zip Code:	E-mail:		
Phone: ( )		Cell Phone: ( )		
How long have you lived at this address?		Legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List previous address:				
Position Desired:		<input type="checkbox"/> Full	<input type="checkbox"/> Part-time	Hourly Wage Desired: \$
Part-time: How many hours can you work?		List the hours you can't work:		
Valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Able to drive: <input type="checkbox"/> Standard <input type="checkbox"/> Automatic <input type="checkbox"/> Truck		
Handle Stress Well? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Explain:				
Animal experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				
Were you previously employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, dates employed:		
When are you available to start working?				
Any dates when you cannot work?				
Military Service:		Dates of Service: From - To -		
Branch, Rank & Rating:				
Applicant's Initials:		Employer's Initials:		

**Application for Employment**

<b>Education</b>	<b>Name &amp; Location of School</b>	<b>Major/Course of Study</b>	<b>Did you Graduate?</b>
Elementary School			<input type="checkbox"/> Yes <input type="checkbox"/> No
Middle School			<input type="checkbox"/> Yes <input type="checkbox"/> No
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade, Business, Correspondence			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Work History** Please list previous employers from most recent to past. If you are presently employed please list your employer & reason for your desire to leave the position.

<b>Employer's Name &amp; Address</b>	<b>Position Held</b>	<b>Wages Earned</b>	<b>Reason For Leaving</b>	<b>Start Date</b>	<b>Leave Date</b>
		\$ /hr			
		\$ /hr			
		\$ /hr			
		\$ /hr			

Are you presently employed, or do you have any sideline business interests?  Yes  No

If yes, please explain:

Have you ever been convicted of a crime?  Yes  No

If yes, please explain:

**Personal Reference** References should be anyone other than family members or former employers. (at least three)

<b>Name</b>	<b>Address</b>	<b>Phone</b>

I agree that any false statement in this application shall be sufficient for rejection or dismissal. I hereby grant permission to investigate any of the information included in this application and to submit to medical examination if required. Completing and submitting this application does not indicate or imply that there are any job positions open and does not in any way oblige Paws 'n Claws Pet Resort.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Submitted

***Application for Employment***

***General Information***

What are some of your overall career goals?
What do you see yourself doing in 10 years?
Do you work well with people?
What types of people annoy you?
What are some of your hobbies/interests?
Had any special college classes / personal studies?
Do you have any licensing or certifications?
What special talents do you have?
Are you teachable / trainable?
Have you yourself ever taught or trained others?
If so in what subjects / abilities?
What are your best qualities & why?
What are your worst qualities & why?
Would you be willing to study for and take a Pet Care Specialist Certification test?
Have you ever had a problem with a previous employer? If so, what?
What are you job expectations?
How did you find out about this job?
What wages would you like to make 1 year from now?
Is insurance an important factor?
Are you a morning or evening person?
Do you have any animal allergies? If yes, in what way?
What was/is your GPA in high school and/or college?
Do you find winter driving difficult?
Do you own your own car?
What types of vehicles have you driven? <input type="checkbox"/> Standard shift <input type="checkbox"/> Automatic
What class license do you hold?
Please list your three favorite television programs:

**Application for Employment**

**Occasionally there may be additional tasks that may need completed or other job opportunities that may open up.  
 Please rate the items on this page to give us a better understanding of your previous experience.  
 Rate your experience from 0 ~ being no experience to 10 ~ being very experienced.**

**Computer Education**

MAC Computers	0	1	2	3	4	5	6	7	8	9	10
Windows Computers	0	1	2	3	4	5	6	7	8	9	10
Windows Vista	0	1	2	3	4	5	6	7	8	9	10
Microsoft Office	0	1	2	3	4	5	6	7	8	9	10
Quickbooks	0	1	2	3	4	5	6	7	8	9	10
Spread Sheet Program	0	1	2	3	4	5	6	7	8	9	10
Adobe Photoshop	0	1	2	3	4	5	6	7	8	9	10

**Graphic Design & Advertising**

Layout & Design	0	1	2	3	4	5	6	7	8	9	10
Fine Art Drawing Skills	0	1	2	3	4	5	6	7	8	9	10
Fine Art Painting Skills	0	1	2	3	4	5	6	7	8	9	10
Photography	0	1	2	3	4	5	6	7	8	9	10
Graphic Design (computer)	0	1	2	3	4	5	6	7	8	9	10
Creative Writing, Ad Copy	0	1	2	3	4	5	6	7	8	9	10
Deadline Oriented	0	1	2	3	4	5	6	7	8	9	10
Drafting	0	1	2	3	4	5	6	7	8	9	10

**Office Skills** Please answer if you have ever or know how to do any of the following:

Operate a cash register?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Balance a cash register?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Typing skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Phone Experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Filing Experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Inventory Experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Ordering Experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Scheduling Appointments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Have Good Math Skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:

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**Occasionally there may be additional tasks that may need completed or other job opportunities that may open up. Please rate the items on the following pages to give us a better understanding of your previous experience. Rate your experience from 0 ~ being no experience to 10 ~ being very experienced.**

**Bookkeeping & Accounting**

Bookkeeping & Accounting	0	1	2	3	4	5	6	7	8	9	10
Inside Sales	0	1	2	3	4	5	6	7	8	9	10
Data Entry	0	1	2	3	4	5	6	7	8	9	10

**Grooming & Pet Care**

Professional Grooming	0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Pet <input type="checkbox"/> Professional <input type="checkbox"/> Both	Please explain in detail:										
Dog Experience	0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Pet <input type="checkbox"/> Professional <input type="checkbox"/> Both	Please explain in detail:										
Cat Experience	0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Pet <input type="checkbox"/> Professional <input type="checkbox"/> Both	Please explain in detail:										
Birds, Reptiles, Other	0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Pet <input type="checkbox"/> Professional <input type="checkbox"/> Both	Please explain in detail:										

**Maintenance**

Drywall / Plastering	0	1	2	3	4	5	6	7	8	9	10
Basic Tile Work	0	1	2	3	4	5	6	7	8	9	10
Plumbing Installation/Repair	0	1	2	3	4	5	6	7	8	9	10
Heating/AC Installation/Repair	0	1	2	3	4	5	6	7	8	9	10
Electrical Installation/Repair	0	1	2	3	4	5	6	7	8	9	10
Install Stereo/Computer/TV	0	1	2	3	4	5	6	7	8	9	10
General Maintenance	0	1	2	3	4	5	6	7	8	9	10
Cleaning / Janitorial	0	1	2	3	4	5	6	7	8	9	10
Power Washer	0	1	2	3	4	5	6	7	8	9	10
Painting: Indoor	0	1	2	3	4	5	6	7	8	9	10
Painting: Outdoor	0	1	2	3	4	5	6	7	8	9	10

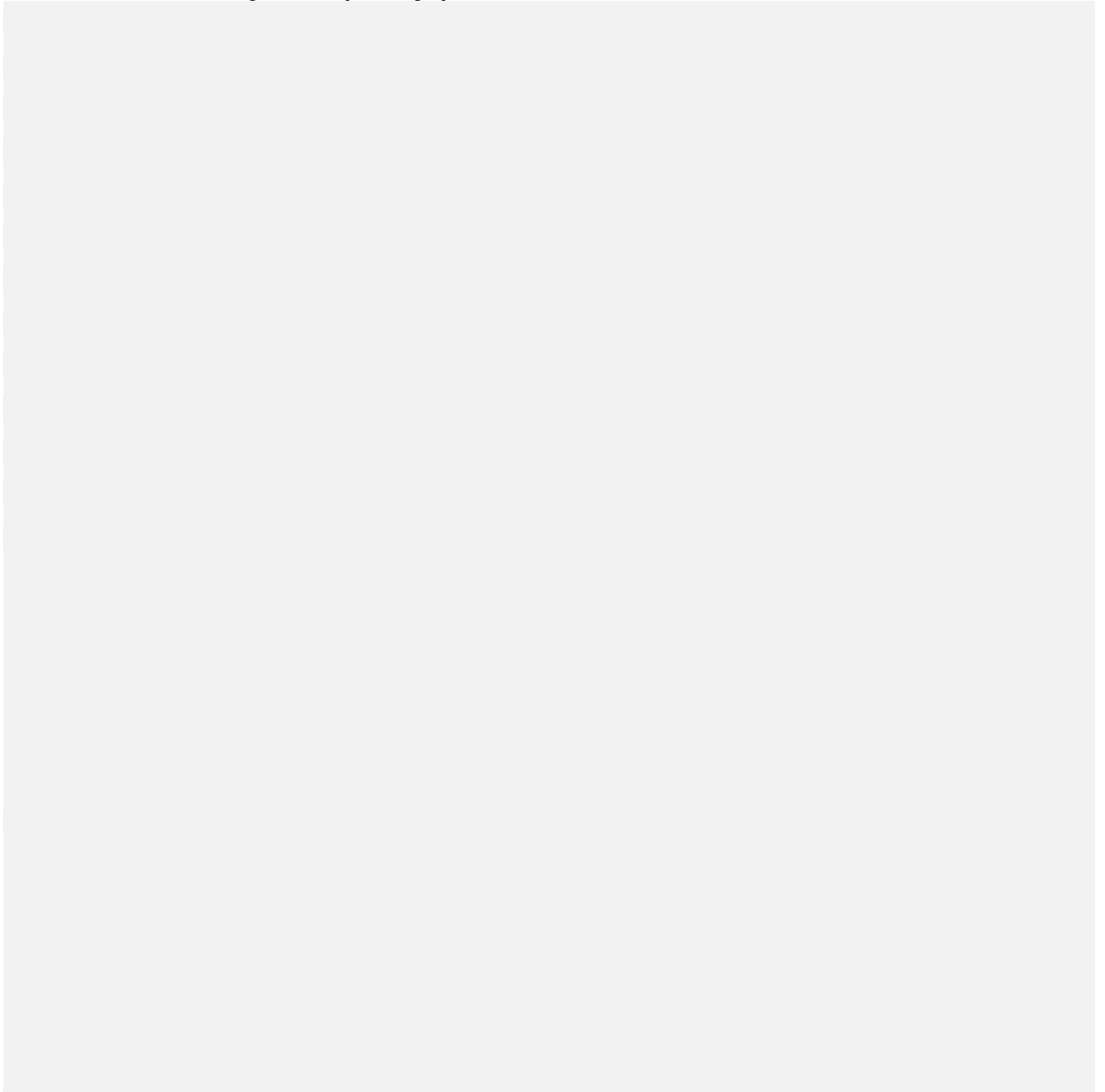
**Yard Work**

Lawn Mowing	0	1	2	3	4	5	6	7	8	9	10
Flower Beds	0	1	2	3	4	5	6	7	8	9	10
Hedge Trimming	0	1	2	3	4	5	6	7	8	9	10

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***Additional Information:*** Please use the space below to list any additional information you feel that we would need to know that pertains to your employment.



\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Submitted