



Instructions: *Print clearly in black or blue ink. Answer all questions. Sign and date the form.*

**PLEASE NOTE: WE DRUG TEST!!! ALL POTENTIAL APPLICANTS MUST SUBMIT TO A DRUG TEST PRIOR TO BEING HIRED. ALL EMPLOYEES MUST SUBMIT TO RANDOM DRUG TESTING THROUGHOUT EMPLOYMENT. IF YOU CAN'T PASS – DON'T APPLY!!!**

**PERSONAL INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Nickname \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years? (We perform background checks)

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**POSITION/AVAILABILITY:**

Position Applied For: \_\_\_\_\_

Days/Hours Available

Sun. \_\_\_\_ Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Th. \_\_\_\_ Fri. \_\_\_\_ Sat. \_\_\_\_

Holidays \_\_\_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

Do you have your own car? \_\_\_\_\_

**EDUCATION:**

Name And Address Of School

Major Degree/Diploma

Graduation Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Skills And Qualifications: Licenses, Skills, Training, Awards**

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:**

Present Or Last Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Previous Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Previous Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

May We Contact Your Present Employer? Yes \_\_\_\_\_ No \_\_\_\_\_ References:

Name/Title	Address	Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

FAX COMPLETED FORM TO 404-633-5584 OR EMAIL TO [INFO@PAWSPLAYHOUSE.COM](mailto:INFO@PAWSPLAYHOUSE.COM)