



TOP DOG MOBILE GROOMING EMPLOYMENT APPLICATION

Please complete in full and fax to (714) 903-7643

NAME / ADDRESS

Last	First:	Middle Initial:	Social Security Number
Address:			
City:	State:	Zip:	Telephone:
Drivers License #:	State:	Cell #	E-mail:

DESIRED EMPLOYMENT

Position:	Date You Can Start	Desired Salary:
Are You Currently Employed:	Y / N	May We Inquire of Your Current Employer: Y / N
Are you willing to work weekends & evenings?	Y / N	Do you have a good driving record? Y / N
Any Tickets or Accidents in the last 3 years?	Y / N	Are you afraid of animals at all? Y / N
Have you had a DUI in the last 5 years?	Y / N	Do you speak any other languages? Y / N
Do you have a place to park the Grooming Van? Y / N	DOB Day	Month (Do not state year)

If hired, can you furnish proof that you are either a citizen of the United States or otherwise legally authorized to work indefinitely in the United States? Y / N

Have you ever been convicted of a misdemeanor or felony? If yes, give date, charges, arresting agency and fine/penalty. (A conviction will not necessarily disqualify you from employment.) Y / N

Grooming Experience

How many hours can you work weekly?

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

EDUCATION

High School	Name & Location of School
	Years Attended (Diploma/Degree) Date Graduated Grade Completed
University/College Undergraduate	Name & Location of School
	Years Attended (Diploma/Degree) Date Graduated Grade Completed
Trade, Business or Correspondence School	Name & Location of School
	Years Attended (Diploma/Degree) Date Graduated Grade Completed

EMPLOYMENT HISTORY

Employer	Job Title:
Address:	Dates of Employment (From– To)
Immediate Supervisor:	Phone:
Salary	
Duties:	
Reason for leaving:	
Employer	Job Title:
Address:	Dates of Employment (From– To)
Immediate Supervisor:	Phone:
Salary	
Duties:	
Reason for leaving:	
Employer	Job Title:
Address:	Dates of Employment (From– To)
Immediate Supervisor:	Phone:
Salary	
Duties:	
Reason for leaving:	
Employer	Job Title:
Address:	Dates of Employment (From– To)
Immediate Supervisor:	Phone:
Salary	
Duties:	
Reason for leaving:	

REFERENCES

Name	Occupation
Address:	Relationship
PhoneNumber:	Years Known:
Name	Occupation
Address:	Relationship
PhoneNumber:	Years Known:
Name	Occupation
Address:	Relationship
PhoneNumber:	Years Known:

PHYSICAL RECORD

Do you have any physical disabilities / limitations that would prevent you from performing the work for which you are applying? Y / N If so, describe:		
Do you have any allergies to animals that would affect your ability to work with them? Y / N	Can you lift a weight up to 65#	Y / N
In case of emergency notify: Name:	Address:	Phone:

ADDITIONAL AREAS OF EXPERTISE

Areas of specialized study, research or additional experience:		
List the foreign languages you speak fluently:	Read:	Write:
U. S. Military Service:	Rank: Present membership in National Guard or Reserves:	

I certify, by my signature below, that I have been truthful on this application. I understand that if I provide any misleading or false statements, verbally or in writing, this action will render my candidate status as ineligible for employment or, if employed, may be cause for immediate termination. If employed, I agree to conform to all employee rules and regulations. I further understand that Top Dog Grooming is an "at will" employer, meaning that (1) the Company and I have the option to terminate my employment at any time, for any reason, with or without cause, and with or without prior notice, and (2) the Company may change my position, title, pay, benefits, and other terms and conditions of employment at will, at any time, for any reason, with or without cause, and without prior notice. I also agree that any dispute arising as a result of my employment is to be resolved through binding arbitration to the extent permitted by law.

I agree that as part of the candidate selection process I will be required to demonstrate my grooming experience, without compensation as an employee, on between 3 – 5 pets at a location and a time of the Companies choosing.

I further certify that any offer of employment, or continuation of employment, is dependant on the acceptable results of a background investigation to be conducted by a vendor of the Companies choosing and conducted within the first thirty (30) days of employment. I further understand that employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during that probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Print Name

Signature

Date