

Blackwinds Employment Application

EQUAL OPPORTUNITY EMPLOYER

Qualified applicants are considered for all positions without regard to race, color, sex, age, national origin, and disability. All questions must be answered and application signed.

Date:
Position applied for:

Location:

APPLICANT DATA:

How were you referred to us: _____

Full name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other Phone: _____ E-mail Address: _____

Date available to start: _____ Social Security #: _____

Are you currently employed? Yes No

Are you over the age of 18? Yes No If not can you provide working papers? _____

How did you learn about our company? _____ Locations Preferred: _____

Have you ever worked for this company? _____ If yes, when? _____

Do you have any friends or relatives working for us? Yes No

Are you a citizen of the United States? _____ If not, do you have work papers? _____

Type of employment desired: Full Time Part Time Temporary Seasonal

Days and times available: _____

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be consideration.

EDUCATION:

High School _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No GPA: _____

College/University: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

Major: _____ GPA: _____

Other: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

Major: _____ GPA: _____

REFERENCES:

Please furnish the names, addresses and telephone numbers of three people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: () _____

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

Name: _____ Phone: () _____

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

Name: _____ Phone: () _____

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

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

(Animal Care experience, Foreign language skills, retail experience, sales experience, special training or experiences)

PREVIOUS EMPLOYMENT (BEGIN WITH YOUR MOST RECENT POSITION):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

I certify that the answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____