APPLICATION FOR EMPLOYMENT
For FRIENDS OF NATURE

Personal Information (**Must be 16 years or older**) Date: _____

Name: _____ Social Security # _____
Address: _____
City, State, Zip Code: _____
Home Phone Number: (____)_____ Cell Phone Number:(____)_____
Referred By: _____ Do You Have Reliable Transportation?_____
Are You Over The Age Of 18? ____Yes ____ No If No, Can You Obtain a Work Permit?_____

Education/Training

High School Attended: _____ Last Grade Completed:_____Did You Graduate?_____
Other School/Training/Skills that may help you in this job? _____
_____
_____
Do You Have Any Experience With Animals? Explain. _____
_____
_____
Are You Capable Of Lifting 50# Repeatedly? _____ Any Lifting Restrictions? _____

Explain any Experience in Customer Service? _____
_____
_____
Explain any Experience with Money Handling? _____
_____
_____
Why do you want this job? _____
_____
_____
_____

Availability

Date You Can Start: ___/___/___ Pay Desired:_____/Hr.
Any Availability Restrictions? _____
Position Applied For: _____ Full Time?_____ Part Time? _____

Hours Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
Until							

Continued on Back ↘

Employment History Starting with the most recent

Start & End Dates Month & Year	Place of Employment & Phone Number	Hourly Wage	Position	Reason For Leaving

Are You Currently Employed? __Yes __ No
Employers Name & Phone # _____, (___) _____

References Names of three persons not related to you, whom you have known for at least one year.

Full Name	Phone Number	Relation to you	Years Known
	( )		
	( )		
	( )		

Any Other Information You Would Like To Share to Help in Our Hiring Decision: _____
_____
_____
_____
_____

Authorization "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws"

Date:_____ Signature:_____