

## YOUR BEST FRIEND'S FRIEND EMPLOYMENT APPLICATION FORM

**Personal Details:**

Name:	
Date:	
Address:	
How long at this address:	
Social Security Number:	
Home Telephone:	
Cell Phone:	
Birthdate:	
Email Address:	

**YBFF Job / Availability Details:**

Position applying for:	
Days available to work (Circle):	Mon Tues Wed Thurs Fri Sat Sun
Do you have a preference for days off:	
Hours Available (Circle):	6:00am – 1:00pm    2:00pm – 8:00pm 9:00am – 4:00pm
Are you available to work holidays?	
When are you available to start work:	

**Education:**

	Name of School	Location	Number of Years Completed	Major / Degree
High School:				
College:				
Professional School:				

**Criminal Background:**

Have you ever been convicted of a crime? (Circle)	Yes    No
If yes, explain number of conviction, nature of offense leading to conviction, how recently such offense was committed, sentence imposed, and type of rehabilitation:	

**Driving Record:**

Do you have a Driver's License? (Circle)	Yes	No
Driver's License Number:		
State of Issue:		
Expiration Date:		
Do you have a reliable car? (Circle)	Yes	No
Automobile Plate Number:		
Have you had any accidents in the past two years, and if so how many?		
Have you had any moving violations in the past two years, and if so how many?		

**References:**

Please list two references other than relatives or previous employers:	
<i>Reference 1</i>	
Name:	
Position:	
Company:	
Address:	
Telephone:	
<i>Reference 2</i>	
Name:	
Position:	
Company:	
Address:	
Telephone:	

**Work Experience:**

Please list your work experience for the past three years beginning with your most recent job held. Please attach a Resume also.	
<i>Work Experience 1</i>	
Name of Employer:	
Address:	
Phone:	
Name of Supervisor:	
Your last Job Title:	
Dates of Employment:	From: _____ To: _____
Ending Pay or Salary:	
Reason for Leaving:	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:	
May we contact this employer? (Circle)	Yes No

**Work Experience (continued):**

<i>Work Experience 2</i>	
Name of Employer:	
Address:	
Phone:	
Name of Supervisor:	
Your last Job Title:	
Dates of Employment:	From: _____ To: _____
Ending Pay or Salary:	
Reason for Leaving:	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:	
May we contact this employer? (Circle)	Yes No

<i>Work Experience 3</i>	
Name of Employer:	
Address:	
Phone:	
Name of Supervisor:	
Your last Job Title:	
Dates of Employment:	From: _____ To: _____
Ending Pay or Salary:	
Reason for Leaving:	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:	
May we contact this employer? (Circle)	Yes No

**Further Information:**

Why did you apply for this position?

**Further Information (continued):**

Please explain why you feel you would be a good candidate for the position you are applying for:

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What personal and professional experience have you had with pets?

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Are there any pets you would prefer not to care for?

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Are you comfortable administering medications? (Circle)	Yes	No
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What is the most important thing you are looking for in this job?

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