

# land of paws

application

4021 Somerset ♦ Prairie Village, KS ♦ 66208 ♦ 913-341-1011  
6772 W. 135th St. ♦ Overland Park, KS ♦ 66211 ♦ 913-402-1033  
4155 N. Mulberry Drive Ste. A ♦ Kansas City, MO ♦ 64116 816-587-2275

## personal information

name: \_\_\_\_\_ SSN# \_\_\_\_\_

address: \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

phone \_\_\_\_\_ email \_\_\_\_\_ referred by \_\_\_\_\_

## employment desired

position \_\_\_\_\_ date can start \_\_\_\_\_ salary desired \_\_\_\_\_

## education history

	name of school	years attended	did you graduate?	subjects studied
grammar school				
high school				
college				
trade, business or correspondence				

Are you employed? Y N If so, may we inquire of your present employer? \_\_\_\_\_

## general information

Why do you want to work for us?

What is your definition of excellent customer service?

What skills/strengths do you have that we can benefit from?

## former employers (list below last four employers, starting with last one first)

<b>date: month &amp; year</b>	<b>name and address</b>	<b>salary</b>	<b>position</b>	<b>reason for leaving</b>
from: to:				
from: to:				
from: to:				
from: to:				

## references

(give below the names of three persons not related to you, whom you have known at least one year.)

<b>name</b>	<b>phone number</b>	<b>business</b>	<b>years known</b>

## 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 they 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 \_\_\_\_\_