

Wintergreen Kennels
 Douglas Road
 Southampton, MA 01073
 (413) 562-9478 Tel. (413) 572-4647 Fax
APPLICATION FOR EMPLOYMENT
 EQUAL OPPORTUNITY EMPLOYEER

PERSONAL INFORMATION:

DATE OF APPLICATION:	NAME: LAST, FIRST		
PRESENT ADDRESS:	CITY:	STATE:	ZIP CODE:
PERMANENT ADDRESS:	CITY:	STATE:	ZIP CODE:
HOME PHONE NUMBER:	CELL PHONE NUMBER:	EMAIL ADDRESS:	
REFERRED BY:			

EMPLOYMENT DESIRED:

POSITION:	SALARY DESIRED:	DATE YOU CAN START:
ARE YOU CURRENTLY EMPLOYED?		IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER?
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?		

EDUCATION HISTORY:

	NAME/ LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE/ BUSINESS/OTHER SCHOOL				

GENERAL INFORMATION:

SPECIAL TRAINING	
SPECIAL SKILLS	
MILITARY OR NAVAL SERVICE	RANK

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FORMER EMPLOYERS (LIST BELOW YOUR LAST THREE EMPLOYEERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (GIVE BELOW THE NAMES OF PEOPLE, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	HOW DO YOU KNOW REFERENCE?	PHONE NUMBER	YEARS KNOWN

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, false 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 from 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 forgoing, 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