

## **Patriot Assistance Dogs**

## **Employment Application Form**

	Date
Applicant Information	
Name (Last, First, Middle)	
Present Address	
City, State, Zip Code	
Primary Phone Number	Alternative Number
Social Security Number	Date of Birth
Are you authorized to work in the United	States of America? Yes/No (Circle one)
Position	
How did you hear about us?	
	Salary Desired
Full-Time Part-Time N	lumber of hours you can work per week
What days are you available to work?	
Are you available: Days Evenir	ngs WeekendsOvertime
f hired, what date can you begin?	Have you applied with PAD before? Yes/No
f yes, list position held and dates of empl	loyment
Do you have friends, relatives, acquaintar	nces that work for PAD? Yes/No
f yes, state name and relationship:	
f hired, do you have reliable transportation	on to/from work? Yes/No
f hired, are you willing to submit to and p	pass a controlled substance test? Yes/No
Are you able to perform the essential fun	ctions of the job for which you are applying? Yes/No
f no, explain	
Do you require special accommodations i	n your workplace? Yes/No
f vec nlesse evolsin	

Have you ever been convicted	of a criminal felony or misdemeanor? Yes/No
If yes, include the nature of th	e crime(s), date of conviction, and county/state of conviction:
date of the offense, nature of	nied employment solely on the grounds of a criminal offense. The the offense, circumstances surrounding the offense, and e position applied for will be taken into consideration.)
I, the undersigned, authorize t	the release of a criminal background check.
Name	Date
Education, Training, and I	Experience
List any education, training, or	experience that would benefit the job you are applying for:
References:	
Please provide three reference	es.
Name	Relationship
Company	Phone Number_()
Address	City, State, Zip
Name	Relationship
Company	Phone Number_()
Address	City, State, Zip
Name	Relationship

Address	City, State, Zip	
Employment History:		
Please list employment histor	y for the past	five years, beginning with your most recent job.
Please explain gaps in employ	ment. Use ad	Iditional pages if necessary.
1 Employer		Docition Hold
		Position Held
		Phone Number ()
		City, State, Zip
Dates Employed: From	То	Reason for Leaving
2. Employer		Position Held
Supervisor		Phone Number_()
Address		City, State, Zip
Dates Employed: From	To	Reason for Leaving
3. Employer		Position Held
Supervisor		Phone Number_()
Address		City, State, Zip
Dates Employed: From	To	Reason for Leaving
4. Employer		Position Held
Supervisor		Phone Number_()
Address		City, State, Zip
Dates Employed: From	To	Reason for Leaving
5. Employer		Position Held

Company\_\_\_\_\_Phone Number\_(\_\_)\_

Supervisor		Phone Number_()
Address		City, State, Zip
		Reason for Leaving
May we contact your current	employer? \	res/No
		ould like us to consider:
	stand that fa	nplete to the best of my knowledge. If this application alse or misleading information on my application or employment.
Printed Name		Date
Signature		

Please attach a copy of your resume and email to <a href="mailto:patriotassistancedogs@yahoo.com">patriotassistancedogs@yahoo.com</a> or mail/return application to:

Patriot Assistance Dogs 1478 Mallard Street Detroit Lakes MN 56501