



KPETS

**Keystone Pet Enhanced Therapy Services
Employment Application**

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Desired Salary
Position Applied for			
Are you legally eligible for employment in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(If hired, Employment Verification is required by law)
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been discharged or fired from any job that you held in the past 10 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION		
High School	Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College	Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other	Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date