

FOR OFFICE USE ONLY	
RECEIVED BY	DATE

GENERAL INSTRUCTION FOR COMPLETION OF APPLICATION
<ol style="list-style-type: none"> <li>1. Complete all information within this application in its entirety</li> <li>2. Print in blue or black ink</li> <li>3. Submit resume as supporting documentation but not in place of completed application.</li> <li>4. Submit application along with a cover letter.</li> </ol>

APPLICANT INFORMATION			
Name			
Address	City	State	Zip
Phone		Alternate Phone	
E-Mail Address			
Date Available to Start		Social Security Number	
Salary Requirements		Position Applied For	
Do you have reliable transportation?		Type of transportation	
Can you lift and carry 50 lbs. at least 50 feet?		Can you stand on your feet 6 hours or more?	
Are you a smoker?		If yes, can you go 9 hours without smoking?	

AVAILABILITY							
Check the days you are available to work the entire shift below. If you can't work the shift in its entirety do not check the box. <b>Holidays and weekends are required.</b>							
DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
SHIFT 5:30am-1pm							
SHIFT 12-7pm							
Are you interested in:				Are you available on:			
<input type="radio"/> Part-Time: 2 Weekly Shifts <input type="radio"/> Part-Time: 3 Weekly Shifts <input type="radio"/> Full-Time: 5 Weekly Shifts				<input type="radio"/> Weekends <input type="radio"/> Holidays			

BACKGROUND INFORMATION
Have you ever pleaded guilty, no contest or been convicted of a felony or first degree misdemeanor? If yes, give dates and details.
Are you legally authorized to work in the United States?
Driver's License Number and state of registration.

EDUCATION: HIGH SCHOOL, COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL						
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (Month/Year)		COURSE OF STUDY	TYPE OF DEGREE EARNED	GRADE POINT AVERAGE
		FROM	TO			

JOB-RELATED TRAINING OR COURSE WORK						
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (Month/Year)		COURSE OF STUDY	TRAINING COMPLETED	
		FROM	TO		YES	NO

SKILLS, LICENSE, REGISTRATION, OR CERTIFICATIONS
Other qualifications such as special skills, abilities or honors that should be considered.

Describe your previous animal care experience

Describe your future career and education goals.

In your own words, describe the job description you are applying for.

In your own words, explain our company Mission Statement and Core Values.

Explain your interest in leadership positions within our company

If hired, how long do you plan to maintain your position with our company?

**EMPLOYMENT HISTORY**

List your last four work experiences beginning with your most recent. Describe all work experience in detail. Include military service, internships and job related volunteer work. Resumes may be attached to provide additional information.

Company Name						
Address						
Phone Number		Supervisor Name		Hours Per Week		
Your Job Title			Month/Year		Salary	
			From	To	Beginning	Ending
Duties, Responsibilities and Skills:						
Reason for Leaving:						

Company Name						
Address						
Phone Number		Supervisor Name		Hours Per Week		
Your Job Title			Month/Year		Salary	
			From	To	Beginning	Ending
Duties, Responsibilities and Skills:						
Reason for Leaving:						

Company Name						
Address						
Phone Number		Supervisor Name		Hours Per Week		
Your Job Title			Month/Year		Salary	
			From	To	Beginning	Ending
Duties, Responsibilities and Skills:						
Reason for Leaving:						

Company Name						
Address						
Phone Number		Supervisor Name		Hours Per Week		
Your Job Title			Month/Year		Salary	
			From	To	Beginning	Ending
Duties, Responsibilities and Skills:						
Reason for Leaving:						

REFERENCES (List two personal reference who are not relatives or former supervisors.)				
NAME	ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN

STATEMENT OF CERTIFICATION	
<p>The information contained in this application is true and complete to the best of my knowledge and belief. I understand that any false or inaccurate information or misrepresentation of fact or omission of information requested, as stated or implied, given in my application, interview(s), or any other employment form, may be sufficient reason not to hire me and may be reason for dismissal.</p> <p>I understand that I will be required to pass a pre-employment drug screen, and if hired, I will be subject to Ruff Resorts, Inc.'s drug and alcohol testing policy during my employment.</p> <p>I understand and agree that all information furnished in this application may be verified by Ruff Resorts Inc. or its authorized representative. I waive any right I may have to notice from any individuals and organizations named or referred to in this application prior to the release of any employment or education information to Ruff Resorts Inc.</p> <p>I hereby authorize all individuals and organization named or referred to in this application to give Ruff Resorts Inc. all information relative to such verification and hereby release such individuals, organizations and Ruff Resorts Inc. from any and all liability for any claim or damage resulting therefrom. This consent shall continue to be effective during my employment if I am hired.</p> <p>I understand that Ruff Resorts Inc. is not obligated to provide employment and that I am not obligated to accept employment.</p>	
Print Name	Date
Signature	