



Happy Hound Dog Resorts  
4603 Shirley Avenue, Jacksonville, Florida 32210  
(904) 800-8800

## Employment Application Form

DATE \_\_\_\_\_

Name \_\_\_\_\_

*Last First Middle Maiden*

Present address \_\_\_\_\_

*Number Street City State Zip*

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone \_\_\_\_\_

Current Age \_\_\_\_\_ Position applied for: \_\_\_\_\_

Email address: \_\_\_\_\_

**Days/hours available to work**  
**(Be specific)**

No Pref \_\_\_\_\_

Thur \_\_\_\_\_

Mon \_\_\_\_\_

Fri \_\_\_\_\_

Tue \_\_\_\_\_

Sat \_\_\_\_\_

Wed \_\_\_\_\_

Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Can you work nights? \_\_\_\_\_

Employment desired \_\_\_ FULL-TIME ONLY \_\_\_ PART-TIME ONLY \_\_\_ FULL- OR PART-TIME

### **EDUCATION**

NAME OF MOST RECENT SCHOOL ATTENDED AND LOCATION

\_\_\_\_\_  
(Complete mailing address)

DATES ATTENDED: \_\_\_\_\_

MAJOR / DEGREE \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Bus. Or Trade School \_\_\_\_\_

Professional School \_\_\_\_\_

**EXPERIENCE:**

Name of current or most recent employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Describe your principal duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of employer prior to above: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Describe your principal duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_ No \_\_ Yes**

*If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.*

\_\_\_\_\_  
\_\_\_\_\_

**DO YOU HAVE A DRIVER'S LICENSE? \_\_ Yes \_\_ No**

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_

State of issue \_\_\_\_\_ Operator \_\_\_\_\_ Commercial (CDL) \_\_\_\_\_ Chauffeur \_\_\_\_\_

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

**Please list two references other than relatives or previous employers.**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

*The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature