



# Employment Application

Bark N' Bubbles  
2354 Old Post Road, Suite 1, Coplay, Pa 18037  
610-262-0123

It is the policy of Bark N' Bubbles to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

## **Applicant Information:**

Applicant Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(you may withhold this information until offered a position)

## **Emergency Contact:**

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_

**Job Position Applied for (please circle):**      Dog Groomer      Brusher/Bather

Are you at least 18 years old?    \_\_\_Yes    \_\_\_No

How will you get to work? \_\_\_\_\_

Are you willing to work any shift, including nights and weekends? \_\_\_Yes \_\_\_No

If no, please state any limitations: \_\_\_\_\_

\_\_\_\_\_

If you are offered employment, when would you be available to begin work?

\_\_\_\_\_

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? \_\_\_\_\_Yes      \_\_\_\_\_No

What reasonable accommodation, if any, would you request?

\_\_\_\_\_

**Applicants Skills:**

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

**Applicant Employment History:**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the following page.

**1:** Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

**2:** Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

**3:** Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

**Employment History Continued:**

**4:** Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

**5:** Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

**6:** Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

**Education and Training:**

College/University Name and Address:

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Year Attended: \_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, degree(s) received: \_\_\_\_\_

High School/GED Name and Address:

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Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Training (graduate, technical, vocational), include year attended:

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Please indicate any current professional licenses or certifications that you hold:

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Awards, Honors, Special Achievements:

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**References:**

List any two non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please provide any other information that you believe should be considered,  
including whether you are bound by any agreement with any current employer:

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