

APPLICATION FOR EMPLOYMENT

1999 LARKIN AVE, ELGIN IL

Fax: 224-523-8025 - Email: info@roverunleashed.com

Rover Unleashed, Inc. is an equal opportunity employer. We recruit, hire, train and promote without discrimination due to race, color, religion, creed, gender, veteran status, sex, age, ancestry, national origin, marital status, sexual orientation, disability, or any other legally protected status. Those applicants requiring accommodation with the application or interview process should contact a representative of the Management Team.

EMPLOYMENT DESIRED

POSITION OR TYPE OF WORK		DATE YOU CAN START	SALARY DESIRED
SEEKING: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		ARE YOU WILLING AND ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF THIS POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WILL YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO EVENINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DAYS AND HOURS AVAILABLE TO WORK:			
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES, AFTER OFFER OF EMPLOYMENT IS ACCEPTED	

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE INITIAL	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:
ADDRESS (NUMBER AND STREET)		CITY	STATE ZIP
HOME TELEPHONE	MOBILE	E-MAIL ADDRESS	
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW DID YOU LEARN ABOUT US?		IF YOU WERE REFERRED BY AN EMPLOYEE, PLEASE NAME:	
HAVE YOU BEEN OR ARE YOU NOW A MEMBER OF THE ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHICH BRANCH? _____			
LENGTH OF SERVICE: _____		RANK AT DISCHARGE: _____	
SPECIAL TRAINING: _____			
ARE YOU ABLE TO PERFORM THIS JOB FUNCTION WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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EMPLOYMENT HISTORY

Please list your employment history for the last four employers, starting with your present or most recent. Please include military service. **This section must be completed.** You may submit a resume in addition to providing the information requested below.

EMPLOYER NAME AND ADDRESS	FROM(MONTH/YEAR)	NAME OF IMMEDIATE SUPERVISOR/JOB TITLE
	TO (MONTH/YEAR)	REASON FOR LEAVING
PHONE NUMBER		
YOUR JOB TITLE: _____ EMPLOYMENT TYPE: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY DESCRIBE YOUR PRINCIPAL DUTIES: _____ _____		
EMPLOYER NAME AND ADDRESS	FROM(MONTH/YEAR)	NAME OF IMMEDIATE SUPERVISOR/JOB TITLE
	TO (MONTH/YEAR)	REASON FOR LEAVING
PHONE NUMBER		
YOUR JOB TITLE: _____ EMPLOYMENT TYPE: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY DESCRIBE YOUR PRINCIPAL DUTIES: _____ _____		
EMPLOYER NAME AND ADDRESS	FROM(MONTH/YEAR)	NAME OF IMMEDIATE SUPERVISOR/JOB TITLE
	TO (MONTH/YEAR)	REASON FOR LEAVING
PHONE NUMBER		
YOUR JOB TITLE: _____ EMPLOYMENT TYPE: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY DESCRIBE YOUR PRINCIPAL DUTIES: _____ _____		
EMPLOYER NAME AND ADDRESS	FROM(MONTH/YEAR)	NAME OF IMMEDIATE SUPERVISOR/JOB TITLE
	TO (MONTH/YEAR)	REASON FOR LEAVING
PHONE NUMBER		

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PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT THAT ARE GREATER THAN 30 DAYS IN DURATION:

HAVE YOU ENGAGED IN ANY VERBAL, WRITTEN OR ELECTRONIC AGREEMENTS (EXAMPLE: A NON-SOLICITATION AGREEMENT OR OTHER RESTRICTIVE COVENANT) THAT MAY RESTRICT YOU FROM PERFORMING THE JOB DUTIES FOR WHICH YOU ARE APPLYING?

☐ YES ☐ NO IF YES, PLEASE EXPLAIN:

EDUCATION

NAME OF COLLEGES OR OTHER SCHOOLS ATTENDED	LOCATION (CITY/STATE)	DID YOU GRADUATE?	DEGREE OR CERTIFICATE	COURSE OF STUDY

REFERENCES

PLEASE PROVIDE THE NAMES OF MANAGERS OR SUPERVISORS AT YOUR LAST TWO EMPLOYERS WHO ARE FAMILIAR WITH YOUR PERFORMANCE				
NAME	TITLE	COMPANY	PHONE	EMAIL

SPECIAL SKILLS

WHAT EXPERIENCE IF ANY DO YOU HAVE WORKING WITH DOGS:

FOREIGN LANGUAGES SPOKEN FLUENTLY: _____ - _____

OTHER CERTIFICATIONS : _____

PLEASE LIST ANY ADDITIONAL INFORMATION THAT YOU THINK WOULD BE APPLICABLE (E.G. INTERNSHIPS, MEMBERSHIPS, PROFESSIONAL ORGANIZATIONS, ADDITIONAL RELEVANT EMPLOYMENT). PLEASE EXCLUDE ANY INFORMATION THAT WOULD DENOTE RACE, SEX, NATIONAL ORIGIN, MARITAL STATUS, RELIGIOUS OR POLITICAL AFFILIATIONS, SEXUAL ORIENTATION OR DISABILITY.

APPLICANT'S AGREEMENT AND RELEASE

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application is correct to the best of my knowledge and understand that any falsification, misrepresentation or omission on this application is grounds for refusal to hire, or if hired, dismissal. I authorize any person or persons or organizations referenced in this application to give the Company any other information they might have, personal or otherwise, regarding any of the subjects covered by this application. I authorize the Company to conduct a thorough check of my background, education and experience, including but not limited to, employment references (except as limited by this application), personal references, credit references, a criminal background check and a check of my driving record. I release all parties and the Company from all liability for any damage that may result from furnishing such information.

If employed, I understand that I will be an employee "at-will" and either the Company or I may terminate my employment relationship at any time with or without notice for any reason not in violation of the law.

I agree to comply with Company rules, regulations and policies and acknowledge that these rules, regulations and policies may be changed, interpreted, withdrawn, or supplemented at any time, without prior notice to me.

I acknowledge that any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn with or without cause, and with or without prior notice, at any time, at the option of the Company or me. I understand that this application and any other documents that I may receive are not contracts of employment. I further understand that no representative of the Company other than an officer has any authority to enter into any agreement for employment for any specified period of time or to assure any other personnel action, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement after I have become employed, or make any agreement contrary to the foregoing.

I have read, understand and agree to the conditions stated herein.

Applicant's Signature

Date

This application is current for 45 days. Following 45 days, if you still wish to be considered for employment, it will be necessary to complete a new "Application for Employment".

SUBMIT APPLICATION:
[INFO@ROVERUNLEASHED.COM](mailto:info@roverunleashed.com) OR
FAX 224-523-8025