



BlooMoon Pet Resort Application for Employment

Date of Application _____

Equal Employment Opportunity/ Affirmative Action Employer

940-644-2722 • 1382 CR 1560, Chico, Texas 76431

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This company does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age, veteran status, and any other status as protected by applicable law. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully, but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

PERSONAL INFORMATION

Name _____ Date _____
Last First Middle

Address _____ Telephone: _____
Street City State Zip Home _____

Date of Birth _____ Cell _____

Email Address _____ Other _____

Are you authorized to work in the United States? Yes No
If you are hired you will be required to furnish proof of your employment eligibility

Other names used in prior employment _____

Have you received Covid-19 Vaccination ? Yes No

GENERAL INFORMATION

Applying for position as _____ Salary Requirement _____
Full-Time Part-Time Temporary

Date available _____ What shift(s) are you available to work? 1st 2nd 3rd

How were you referred to our company?
Employee Advertisement Drop in Other

Name of referral source indicated above: _____

Have you ever been convicted of a criminal offense? * Yes No

If yes, give dates and circumstances _____

Have you ever been involuntarily discharged from a position? Yes No

If yes, give dates and circumstances _____

Would you agree to a pre-employment and /or post-employment drug screening by a physician, clinic or other health care provider selected by the company? Yes No

*Convictions: A conviction does not mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction, and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts so that a fair decision can be made.

EMPLOYMENT

List all positions you have held, beginning with your most recent. Include self-employment and volunteer work. Attach an additional sheet if needed.

Current, or last employer _____ Employed from (date) _____ to _____
Street Address _____ Salary at start _____ finish _____
City _____ State _____ Zip _____ Telephone _____
Name and title of immediate supervisor _____ Your title _____
Description of duties _____
Reason(s) for terminating, or considering a change _____
May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from (date) _____ to _____
Street Address _____ Salary at start _____ finish _____
City _____ State _____ Zip _____ Telephone _____
Name and title of immediate supervisor _____ Your title _____
Description of duties _____
Reason(s) for terminating, or considering a change _____
May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from (date) _____ to _____
Street Address _____ Salary at start _____ finish _____
City _____ State _____ Zip _____ Telephone _____
Name and title of immediate supervisor _____ Your title _____
Description of duties _____
Reason(s) for terminating, or considering a change _____
May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from (date) _____ to _____
Street Address _____ Salary at start _____ finish _____
City _____ State _____ Zip _____ Telephone _____
Name and title of immediate supervisor _____ Your title _____
Description of duties _____
Reason(s) for terminating, or considering a change _____
May we contact this employer while we are considering your application? Yes No

EMPLOYMENT (continued)

Please explain any gaps in your employment history. Attach an additional sheet if necessary.

EDUCATION	Print Name, City, and State for each school listed	Dates From - To	Type of Course or Major	Graduate? Yes or No	Degree Received
High School					
College					
College					
Other Education					
Other Education					

Are you presently in school? Yes No If yes, give expected completion date _____

List courses you are taking _____

SPECIAL SKILLS

List applicable professional or technical licenses/certifications relative to your ability to perform the functions of the position for which you are applying _____

List awards, honorary positions or volunteer work relative to your ability to perform the functions of the position for which you are applying _____

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying _____

PERSONAL REFERENCES*

* Not relatives or employers

NAME	ADDRESS & PHONE NUMBER	FIRM NAME, ADDRESS AND PHONE NUMBER	POSITION OR OCCUPATION	HOW LONG KNOWN

Please read carefully before signing