



# Sham Poochies

Salon, Bakery, Boutique, & Hotel for Family Pets!

**Please indicate that you have read the following statement.**

Print application and hand deliver to: 2950 Langely Ave. Pensacola, FL 32504

## Employee Application Form(valid for only 90 days)

ShamPoochies Pensacola LLC. is an equal opportunity employer and, in compliance with all federal and state civil rights laws, makes every effort to employ and promote the most qualified individuals without regard to race, color, religion, sex, national origin, age, handicap, disability, veteran status, marital status, or any other protected class.

Today's Date \_\_\_\_\_ Position \_\_\_\_\_ Original Hire Date: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Soc Sec#: \_\_\_\_\_

Please list all names previously used by you and dates those names were used:

\_\_\_\_\_

Address: (Street) \_\_\_\_\_ (Apt/Bldg/Lot#) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell# \_\_\_\_\_ Alternate# \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

Smoker  Non-Smoker

Are you legally eligible to work in this country? Yes  No

Have you worked previously or are you currently working for Landrum Companies, Landrum Professional, Landrum Staffing or Amstaff? Yes  No

If yes, when and for whom? \_\_\_\_\_

How many days were you absent from or tardy for work in the last (12) months. \_\_\_\_\_

Have you ever been convicted of a crime?\* Yes  No

If yes, give details (date, place, offense(s), disposition)

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Have you ever pled guilty, pled no contest, pled nolo contendere, had adjudication withheld, or been placed in a pre-trial intervention or diversion program?\* Yes  No

If yes, give details (date, place, offenses(s) charged, disposition, etc.)

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Have you ever been a defendant in a civil action alleging intentional tort or wrongdoing?\* Yes  No

If yes, please describe the nature of the alleged action and the disposition of the case.

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Professional Licences/Certification Held	Expiration / Renewal Date

Has any license or certification ever been suspended or revoked?\* Yes  No

If Yes, give details (date(s), reason \_\_\_\_\_)

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Did you give written notice when resigning from previous employment? Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever had a formal or informal complaint brought against you?\* Yes  No

If yes, give details (date(s), reason) \_\_\_\_\_

\_\_\_\_\_

Have you received any written reprimands or disciplinary suspensions during any previous employment?\* Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged or asked to resign from previous employment?\* Yes  No

If yes, please explain (include by whom, when and state the reason): \_\_\_\_\_

\_\_\_\_\_

Do you have a valid driver's license? Yes  No  If yes, license #: \_\_\_\_\_

Do you have reliable transportation? Yes  No

Do you have a valid CDL license? Yes  No

If yes, license #, State of Issue, Class: \_\_\_\_\_

Have you had a suspension or probation of your driver's license within the last five (5) years? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

How many speeding or other moving violations have you received in the last three (3) years? \_\_\_\_\_

List all traffic violations (except parking) on your record for the last five (5) years and all accidents in which you have been involved (use additional page if necessary):

<u>Date</u>	<u>Location</u>	<u>Description</u>	<u>Result</u>

If you have ever had a security clearance, please indicate the highest level of clearance received: \_\_\_\_\_

**MILITARY RECORD**-Dishonorable or general discharge is not an absolute bar to employment. Other factors are considered.\*

<b>Branch</b>	<b>Dates of Service</b>	<b>Rank</b>	<b>Duties</b>	<b>Type of Discharge</b>

**EDUCATION:** List most recent education first. (Please do not include elementary school)

<b>Month/Year</b>	<b>School Name</b>	<b>Location (City/State)</b>	<b>Major/Degree</b>

**Employment History:** Please print. List most recent job first. Please explain fully any gaps in your employment history. Be sure to account for all periods of time including unemployment, self-employment and military service.

(Attach sheets if necessary.) For military service, attachment of your DD214 will expedite verification.

<b>Date From/ To mm/yy- mm/yy</b>	<b>Company Name City, State</b>	<b>Supervisor Name Phone #</b>	<b>Salary Start/ End</b>	<b>Job Titles and Duties</b>	<b>Reason For Leaving</b>

\*Note: Answering "Yes" to any of these questions may not necessarily disqualify you from the position desired. Each action and explanation will be weighed/considered in relationship to the underlying facts and circumstances of the position for which you are applying.

All information listed on this document is true and complete. False, incomplete or misleading information, regardless of when it is discovered, is cause for rejection of my application or termination of my employment.

Signature \_\_\_\_\_ Date: \_\_\_\_\_