



Contact Information	Date:
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
DOB if under 18 years:	
Parent/Guardian Home/cell Considering that many of th public, working outdoors, c	Phone:: e positions at FTLOD require dealing with animals, serving the leaning, and lifting up to 50lbs., are you able to perform the essential which you are applying or volunteering, either with or without
accommodations?Y	YesNo If no, describe the functions that cannot be modations are required:
· · · · · · · · · · · · · · · · · · ·	blems, allergies or other issues we should be aware of to insure a safe
During which hours are you a	available for assignments? When could you Start?
Mondays	Thursday
Tuesday	Friday
Wednesday	Saturday
	Sunday
Interests	
Tell us in which areas you ar	e interested in working
Administration Events/Fundraising Daycare Training	
Grooming Marketing	

Do you speak a for	eign language?	Yes	No If yes, which	n language	
Do you drive?	_YesNo	Do you have r	egular access to a	car?YesNo	
<u> </u>				YesNo	
How long have you Do you have K9 C	u lived in the area? PR First Aid Certi	? ficate?	Is it C	urrent?:	
Are you employed	? YES or NO	Ever applie	d to this company	before? YES or NO	
Check the areas in	which you have ex	xperience below	:		
Animals	Dogs	Cats	Horses	Training	
Grooming	Other Sm	nall Animal _	Showing	Other Lrg Animals	
Caretaker	Clerical	Work	Typing	Volunteer Work	
Work with I	Disabled Persons	Non-pro	fit Organizations	Customer Service	
Web Publish	hing	Graphics _	Marketing A	Advertising	
Restaurant I	Experience	Sales/Ph	one Marketing _	Employee Training	
Tell us why (besides a love for animals) you want to work or volunteer at FTLOD?					
Special Skills or	Oualifications				
Summarize special	•			ent, previous volunteer	

Previous Work/Volunteer Experience Summarize your previous work/volunteer experience.		
Former Employers		
Name		
City, State		
Position		
Start Date		
End Date		
Reason for leaving		
Former Employers		
Name		
Name City State		
City, State		
Position Start Date		
End Date		
Reason for leaving		
Reason for leaving		
Former Employers		
Tormer Employers		
Name		
City, State		
Position		
Start Date		
End Date		
Reason for leaving		
Reason for leaving		

Education History		
Name of School		
Years attended	Υ	ear Graduated:
Name of School		
Years attended	Γ	Degree Gained:
Name of School		Jogico Camida.
Years attended		ertificate Gained:
Tears attenued		definicate Gained.
Person to Notify in	Case of Emergency	
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
member.	ess, and telephone of three references, over the	
Please list name, addre	ess, and telephone of three references, over the Address/Zip	age of 21 and not a family Phone
Please list name, addre member.	-	
Please list name, addre member. Name 1.	-	
Please list name, addressmember. Name 1	Address/Zip	
Please list name, addressmember. Name 1	Address/Zip	
Please list name, address member. Name 1 2 3	Address/Zip	
Please list name, address member. Name 1 2 3 Agreement and Signature.	Address/Zip gnature	Phone
Please list name, address member. Name 1. 2. 3. Agreement and Signature By submitting this applit that if I am accepted and address and accepted and address and address and accepted accepted and accepted and accepted and accepted accepted and accepted accepted accepted and accepted acce	Address/Zip	Phone e and complete. I understand
Please list name, address member. Name 1. 2. 3. Agreement and Signature By submitting this applit that if I am accepted and address and accepted and address and address and accepted accepted and accepted and accepted accepted and accepted accepted accepted and accepted	Address/Zip gnature ication, I affirm that the facts set forth in it are true ny false statements, omissions, or other misreprese	Phone e and complete. I understand entations made by me on this
Please list name, address member. Name 1. 2. 3. Agreement and Sign By submitting this application may result in application may result in the submitted and submitted application may result in the submitted and submitted a	Address/Zip gnature ication, I affirm that the facts set forth in it are true my false statements, omissions, or other misrepresen my immediate dismissal.	Phone e and complete. I understand entations made by me on this

Guidelines

Applicant initial: _____

- 1. All are required to attend interviews, orientations, and training as FTLOD deems necessary. New Hires are required to commit to a regular weekly schedule for 6 months or 70 hours minimum unless otherwise stated on job description.
- 2. All should be polite and helpful at all times. All people and animals are to be treated with respect and courtesy. New Hires are required to adhere to the rules explained in the training as it pertains to animal handling.
- 3. All should refer questions from the public regarding FTLOD policies to the owners only. All should maintain confidentiality in regards to FTLOD clients and business.
- 4. All must accept the guidance and decisions of the professional staff person responsible for activities. Problems and disagreements should be taken to the department supervisor or the owner.
- 5. All fur team members are responsible for keeping track of their schedules and logging in daily according to their supervisor's system. Reasonable notice is required if unable to make a shift.
- 6. For safety reasons, workers are required to wear appropriate attire when working with animals. Dress code will be established by each department. No Smoking is allowed on the property (see supervisor).
- 7. Volunteers should not be in any area of the facility without the proper training or supervision. Guests of volunteers/workers are not allowed to accompany the volunteer/worker during their shifts.
- 8. All shall agree to FTLOD's right to release them for unsafe practices, for not following the procedures described in orientations and training sessions, or for any behavior that is inappropriate for FTLOD business. Release will be determined by FTLOD personnel only.
- 9. Parents are required to sign paperwork for junior volunteers. We reserve the right to release a junior volunteer from his or her job without delay if we feel the situation is either unsafe or unproductive.
- 10. Any accident or injury to either a person or animal should be reported to a manager immediately.

Date:_____

I have read, understand and agree to the above informaterify that the information provided here is accurate a employment verification as necessary for specific positions are necessary for specific positions.	nd complete. I authorize reference and
Thank you for completing this application form and for you	ur interest in working/volunteering with us.
It is the policy of this organization to provide equal opport national origin, gender, sexual preference, age, or disabilit	
Our Policy	