

LITTLE RIVER PET RESORT APPLICATION FOR EMPLOYMENT

Please attach a cover letter describing your job history or background and why you think this job would be a good fit for you. Return your application via email to jobs@littleriverpetresort.com or via fax to (440) 236-3346.

GENERAL INFORMATION

First Name Middle	Last Name			Home Telephone () -
Address	City	State	Zip	Mobile Telephone () -
E-Mail Address		Are you legally entitled to work in the U.S.? Yes No		

POSITION

Position Desired	Interested in: Part-Time Full-Time Seasonal (i.e Summer)	Shift: Morning Afternoons All day After school
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No		
Your Availability When are you available for work? i.e. Mon-Fri: after 1 pm; Sat-Sun: All Day		
Hourly Pay Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No				
Currently Attending High School? Expected graduation year?				
High School and/or College (Most recent first)				
Name and Location	Dates Attended Month/Year	Highest Level Completed or Current Grade Level	Degree & Year	Major or Subject
	From			
	To			
	From			
	To			
	From			
	To			
Occupational License, Certificate or Registration		Where Issued		Expiration Date
Languages Read, Written or Spoken Fluently Other Than English				

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
OTHER		
Anything else you would like to share with us?		

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____