

BIG DOG INDUSTRIES

EMPLOYMENT APPLICATION

Date Received: _____

Received by: _____

Big Dog Industries will provide equality of opportunity in employment, pay, and all other aspects of our personnel policies, practices, and programs. This policy prohibits discrimination on the basis of race, creed, color, ancestry, national origin, political affiliation, sex, sexual preference, age, or physical or mental disability.

PLEASE COMPLETE ALL APPLICABLE ITEMS WITH INK OR TYPEWRITER. ANY ILLEGIBLE SECTIONS, INCOMPLETE SECTIONS & ATTACHEMENTS, OR UNSIGNED APPLICATIONS WILL BE DISMISSED. IF A SECTION MUST BE LEFT BLANK, YOU MUST WRITE OR TYPE "N/A" ON THE APPROPRIATE LINE.

POSITION APPLYING FOR: _____

Date Avail _____

PERSONAL INFORMATION:

Name: _____

Last
First
Middle

Current Address: _____

Street and Mailing

City
State
Zip Code

Telephone Number Where You May Be Reached:
 _____ / _____ / _____

Home
Work
Cell

DRIVER'S LICENSE NUMBER, CLASS, EXPIRATION AND STATE OF ISSUE:

Have you ever been employed by or are known by any other names- if so, please list below:

EDUCATION, SKILLS & TRAINING:

Please circle the highest year of education completed:

1 2 3 4 5 6 7 8 9 10 11 12 or GED 1 2 3 4 1 2 3 4 5 6 more

Elementary and Secondary
College
Post Graduate

| Schools Attended | Name & Location | Dates Attended | Degree/Certificate | Field of Study |
|----------------------|-----------------|----------------|--------------------|----------------|
| High School | | | | |
| College/University | | | | |
| Vocational/Technical | | | | |

List any current licenses, registrations, or certificates you have received relating to the position applied for: _____

What languages can you speak other than English? _____

List any skills or abilities you have learned that relates to the position applied for: _____

PREVIOUS EMPLOYMENT: List paid employment including service with the armed forces. Begin with your current or most recent employment.

| | |
|--|--|
| 1. Employer's Name: | Your Title(s): |
| Address: | Job Duties: |
| Dates Employed: From: To: | Why did you leave: |
| Pay: Starting - Final - | Supervisor's Name: May we contact your employer? Y N |

| | |
|--|--|
| 2. Employer's Name: | Your Title(s): |
| Address: | Job Duties: |
| Dates Employed: From: To: | Why did you leave: |
| Pay: Starting - Final - | Supervisor's Name: May we contact your employer? Y N |

| | |
|--|--|
| 3. Employer's Name: | Your Title(s): |
| Address: | Job Duties: |
| Dates Employed: From: To: | Why did you leave: |
| Pay: Starting - Final - | Supervisor's Name: May we contact your employer? Y N |

| | |
|--|--|
| 4. Employer's Name: | Your Title(s): |
| Address: | Job Duties: |
| Dates Employed: From: To: | Why did you leave: |
| Pay: Starting - Final - | Supervisor's Name: May we contact your employer? Y N |

| | |
|--|--|
| 5. Employer's Name: | Your Title(s): |
| Address: | Job Duties: |
| Dates Employed: From: To: | Why did you leave: |
| Pay: Starting - Final - | Supervisor's Name: May we contact your employer? Y N |

APPLICATION, REVIEW EACH SECTION CAREFULLY. FAILURE TO LIST ANY PAST OR PRESENT INFORMATION ON EACH SECTION WILL BE SUBJECT TO YOUR APPLICATION'S DISMISSAL.

Have you ever had your driver's license suspended or revoked by the licensing authority (state or court) YES
NO If "YES", list the required information in the spaces below:

| | | |
|--------|--------|---------|
| Dates: | State: | Reason: |
| To: | | |
| To: | | |
| To: | | |

List all driving citations/summons you have received as an adult and juvenile, beginning with the most recent:
DRIVING HISTORY: Do you currently have a valid driver's license? YES NO

| | | | | |
|--------|----------------|-------------|-----------|-------------|
| State: | License Class: | Expiration: | DL Number | Restriction |
| | | | | |

Have you ever had any other driver's licences? YES NO If you check "YES", in the spaces below list all states where you have been licensed and/or all names you have been licensed under:

| DL Number | Name | State |
|-----------|------|-------|
| | | |
| | | |
| | | |
| | | |

If you have served or are serving in the United States Military, list the dates of service, branch, and supervisor contact information:

| Branch: | Dates of Service | Supervisor's Name/Contact # |
|---------|------------------|-----------------------------|
| | | |
| | | |
| | | |

REFERENCES: List three (3) references that we may contact do not include previous employers/supervisors.

| Name | Phone Number | Mailing Address | Relationship – How long known |
|------|--------------|-----------------|-------------------------------|
| | | | |
| | | | |
| | | | |

Applicant's Name: _____

SIGNATURE OF APPLICANT

DATE

