

www.dogcentric.com 301-275-8752

*Please be sure to complete all sections of the application. You can either scan and email the completed form to us at bark@dogcentric.com or fax it to us at 240-823-9027

PERSON	NAL INFORM	MATION				
Name:					_ Date:	
Address:_						
Cell Phon Email:	one: e:		yesn			
AVAILA	BILITY					
	Monday	Tuesday	Wednesday	Thursday	Friday	
How muc Do you ov In what k How long Do you ha	h money do y wn a reliable, ocations do yo can you comi ave daily acce	ou want to ead insured car?_ ou prefer to we mit to the poss ss to email, ir	rk/week? arn/week? ork? sition? nternet & printer	?		
EXPERI	ENCE					
Describe '	your experien	ce with dogs:				
Can you o	comfortably ha	andle a dog u	two dogs at onc p to 100 pounds orefer not to serv	?		

DogCentric, Inc., Position Application

UPDATED: 02/20/2013

PERSONAL QUALIFICATIONS						
What is your motivation for pursuing this kind of work?						
Please describe yourself (strengths and weaknesses):						
What is your highest level of education? High school / College / MA/JD/MD						
List any education you believe is relevant:						
List any volunteer/community or other experience you believe is relevant:						
Please list and describe your professional history of the past five (5) years:						
Are you certified by the American Red Cross in Pet First Aid? If not, would you be willing to take a 4-hour class for certification? REFERENCES						
Please list three professional references: 1) Name: Relationship/Company Phone: Email Address (if avail): Phone: Email Address (if avail): Phone: Email Address (if avail): Phone: Relationship/Company Phone: Email Address (if avail):	 _ 					
Have you ever been arrested or convicted of a crime? Yes / No If so, please explain:						
I verify that the information that I have provided on this application accurate and true to the best of my knowledge.	ı is					
Signature:Date:						

DogCentric, Inc., Position Application UPDATED: 02/20/2013