Return to: Paws-Abilities 7338 26th Street E. Fife, WA 98424 or email to jennifer@everydoghas.com



Supplement for Candidates Submitting Resumes

Candidate's Name:	Date:
Address:	
Telephone Number:	
Are you 18 years old or older? ☐ Yes ☐ No	
Are you either a U.S. citizen or an alien auth ☐ Yes ☐ No	norized to work in the U.S.?
Have you ever worked or attended school under another name? If so, under what name?	
Position Desired	
Position: Start Date A	vailable: Salary Desired:
Have you previously worked for this compa	ny? □ Yes □ No
If so, from to	
Reason(s) for leaving:	
Authorization and Acknowledgeme	
I affirm that the information I have provided knowledge, information and belief, and I have requested. I understand that withholding or a application is grounds for rejection of my ap- information in this application is grounds for	ve not knowingly withheld any information misstating any information requested in this oplication, and that providing false or misleading
any other information I have provided. Unle listed to disclose any information related to with them, without giving me prior notice of	nces, record of employment, education record, and ess otherwise noted, I authorize the references I have my work record and my professional experiences f such disclosure. In addition, I release the company, and entities, from any and all claims, demands or d to such inquiry or disclosure.
Candidate's Signature	 Date