



Enrollment Application

The K-9 Clinic, Inc.
285 Pioneer View Road
Corralitos, CA 95076
www.k9clinic.com

We require that the following requested information be supplied completely. If your resume contains some or all of the required information, you may elect to attach your resume but do not forget to fill in all areas. Please read and sign the last section of the application.

PERSONAL DATA			
NAME	Last	First	Middle
ADDRESS	Street	City	State/Zip
Telephone	Home	Alternate	
IF HIRED, CAN YOU PROVIDE The K-9 Clinic WITH PROOF OF YOUR LEGAL AUTHORIZATION TO WORK PERMANENTLY IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER PLED GUILTY OR NO CONTEST TO OR BEEN CONVICTED OF A MISDEMEANOR OR FELONY? (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referral to and participate in any pretrial or post-trial diversion programs, and marijuana related offenses that occurred over two years ago.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN ARRESTED FOR ANY MATTERS FOR WHICH YOU ARE OUT ON BAIL OR YOUR OWN RECOGNIZANCE PENDING TRIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Answering "Yes" to these questions does not constitute an automatic bar to this enrollment.			
ARE YOU UNDER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you attended any other training schools? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes briefly explain,			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENROLLMENT OBJECTIVE			
Please explain your interest in this training course			
Have you had any previous dog training or dog related experience? Please explain.			
What are your future goals?			
What is your scheduling availability			

EDUCATION				
SCHOOL	NAME OF SCHOOL CITY, STATE	YEARS COMPLETED	DEGREE	MAJOR/SUBJECT
HIGH SCHOOL				

COLLEGE				
GRADUATE SCHOOL				
OTHER				

REFERENCES - PLEASE provide 3 professional references

NAME	COMPANY	TITLE	TELEPHONE

REFERENCES - PLEASE provide 3 personal references

EMPLOYMENT RECORD

Present/Most Recent Employer

NAME AND LOCATION

MANAGER

PHONE

MAY WE CONTACT? IF NO, PLEASE EXPLAIN

YOUR TITLE AND DESCRIPTION OF DUTIES

EMPLOYED

FROM

TO

ENDING SALARY

REASON FOR LEAVING

Previous Employer

NAME AND LOCATION

MANAGER

PHONE

MAY WE CONTACT? IF NO, PLEASE EXPLAIN

YOUR TITLE AND DESCRIPTION OF DUTIES

EMPLOYED

FROM

TO

ENDING SALARY

REASON FOR LEAVING

Next Previous Employer

NAME AND LOCATION

MANAGER

PHONE

MAY WE CONTACT? IF NO, PLEASE EXPLAIN

YOUR TITLE AND DESCRIPTION OF DUTIES

EMPLOYED

FROM

TO

ENDING SALARY

REASON FOR LEAVING

ENROLLMENT APPLICATION AGREEMENT

If I am accepted by The K-9 Clinic, I understand that The K-9 Clinic determines eligibility at all times for this training program. Accordingly, either I or The K-9 Clinic may terminate this relationship, at will, for any reason, with or without cause or advance notice. I understand that should I choose to dis-enroll from this program I am still financially liable for the entire balance of the program. I understand that the President of The K-9 Clinic has the sole authority to make any agreement contrary to the above, and such an agreement must be in writing and signed by the President. I also understand that this constitutes the entire agreement between me and The K-9 Clinic with regard to

I understand that any false statements made by me in connection with this application will be sufficient grounds for cancellation of consideration or immediate discharge of this training program. I further certify that I, the undersigned applicant, have personally completed this application. I have read the above prior to signing this application.

Applicant Signature _____ Date _____