



# Independent Contractor Application

Animal-Handling  
 Admin./Mgt./Sales

## Personal Information

Résumé attached?

How were you referred to this opportunity? \_\_\_\_\_

Last Name \_\_\_\_\_ M.I. \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

Other names by which you have been known (For date verification purposes.) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ 5-Digit ZIP Code \_\_\_\_\_

Home Phone (Area code first) \_\_\_\_\_ Cell Phone (Area code first) \_\_\_\_\_ Primary Email Address \_\_\_\_\_

D.O.B. \_\_\_\_\_ Driver's License Number (Valid driver's license required for animal-handling contractor opportunities) \_\_\_\_\_ State \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

**Are you a citizen of the United States, or otherwise legally eligible to work in the U.S.?**  Yes  No  
(You may be required to provide additional documents to prove your work eligibility.)

**Have you ever been convicted of a felony?**  Yes  No  
(Previous felony convictions do not necessarily disqualify an applicant; however, you may elect to not answer these questions.)

If yes, describe the nature of the offense:

Date of Conviction: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Release: \_\_\_\_\_

Are you comfortable around dogs?  Yes  No All breeds?  Yes  No

Have you ever been seriously bitten or injured by a dog?  Yes  No

If yes, please explain:

Do you own a dog, or dogs?  Yes  No 1. Breed: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_

2. Breed: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_ 3. Breed: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_

Are you in good physical condition?  Yes  No Do you workout?  Yes  No Are you a team player?  Yes  No

Can you lift 100 lbs.?  Yes  No Can you run two miles?  Yes  No Do you smoke?  Yes  No

Can you come to Cleveland, Ohio for six weeks of personal training?  Yes  No  
(Room and board provided at no additional cost)

## Education

Indicate your highest level of education.  High School  Technical School  Military Training  Some College  College

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Degree \_\_\_\_\_ Date Completed \_\_\_\_\_

Trade/Vocational School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Degree \_\_\_\_\_ Date Completed \_\_\_\_\_

Military (Branch) \_\_\_\_\_ Rank at Honorable Discharge \_\_\_\_\_ Date Completed \_\_\_\_\_

College/university \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Degree \_\_\_\_\_ Date Completed \_\_\_\_\_

Additional Training/Specializations

## Employment History

Company (Most recent first.)	Start Date (Month/Year.)	End Date (Month/Year.)	Still Employed? <input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	5-Digit ZIP Code
Starting Job Title	Starting Salary or Wage		
Ending Job Title	Ending Salary or Wage		
Job Duties			
Reason for Leaving			

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## References

Last Name	First Name	Years Known
Primary Phone (Area code first)	Primary Email Address	

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I certify that the information contained in this application is correct to the best of my knowledge. I authorize verification of information provided on this application; and I authorize the references listed above to give Lorenzo's Dog Training Team all pertinent information concerning my previous employment and personal character. I release all parties from all liability for any damages that may result from furnishing information to Lorenzo's Dog Training Team. I agree to conform to the rules and regulations of Lorenzo's Dog Training Team.

I understand and agree that if my services will be engaged or retained by Lorenzo's Dog Training Team, they will be only for the purposes and to the extent set out in an independent Contractor Agreement and will not be considered as having the status of an employee.

*Applicant Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_