

Dog Training That Works P.O. Box 91143 Toronto, ON M2K 2Y6 (416) 723-0212 dttw@canis.ca

APPLICATION FOR APPRENTICESHIP PROGRAM

- Application must be received by January 29, 2009
- All sections of this application form must be completed and signed for consideration
- Your letter of reference must be submitted along with your application
- Please print a copy of this application, fill it out, sign it and mail it to: Dog Training That Works P.O. Box #91143 Toronto, On M2K 2Y6

PERSONAL INFORMATION					
First Name	Last Name				
Date of Birth (DD/MM/YY)					
Address					
City	Province	Postal Code			
City	Tovince				
Home Phone	Work Phone	Cell Phone			
E-mail Address					

HIGHEST EDUCATION LEVEL

- Graduate Degree
- College Attendance
 - Other

- □ Undergraduate Degree
- High School Graduate

ENGLISH FLUENCY

Applicants for the Apprenticeship Program must be fluent in English. Do you verify that you are fluent in English at this time (Written as well as spoken)?

□ Yes

□ No

□ Not sure

		renticeship Pr ly complete th		all	y dema	anding.	Appli	cants 1	must	be in	good physical condition	to
1)	•	ou physically or pull on the l		es o	of dogs v	with a l	eash, ii	ncludin	ıg untr	ained	dogs that jump up, mouth,	
		Yes			No						Not sure	
2)	-	-	ealth conditions that m pilepsy, arthritis, allerg	0		ere with	ı your j	progres	s in th	e prog	gram? (i.e. heart condition,	
		Yes			No							
If y	es, ple	ase explain: (A	Attach a separate sheet	if r	needed)							

EMPLOYMENT					
List your most recent work history					
Job Title	Employer	Date of Employment			

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Please provide one letter of character reference and list at least 2 character references from someone you have known for
at least two years who is not a friend or family member. Please notify your references that we may be contacting them.

1 st Referee Contact Information					
Title of Referee					
□ Mr □ Mrs	□ Miss □	Ms 🗆	Dr 🗆	Other	
First Name		Last Name			
Address					
City	Province		Postal Code		
Contact Number		E-mail Address			
Relationship to Applicant:					
How long known Applicant for:					

	2 nd Referee Contact In	formation
Title of Referee		
□ Mr □ Mr	s 🗆 Miss 🗆 Ms	Dr Other
First Name	Last N	Voma
First Name	Last	Nallie
Address		
City	Province	Postal Code
Contact Number	E-mai	il Address
Relationship to Applicant:		
How long known Applicant for:		

OBJECTIVE
There are many career options for people interested in working with dogs, such as becoming a groomer, pet-sitter, dog walker, vet-tech etc. Why are you interested specifically in dog training?
There are other training centers that offer similar programs. Why did you choose Dog Training That Works as the place to apply for your Apprenticeship?
Please explain your long-term goals and how you feel participation in our Apprenticeship Program will help you
meet these goals.

BACKGROUND
List all breeds of dogs you've owned or have spent long periods of time with:
What dog sports do you participate in? (List, including titles, if any)
Are there any breeds of dogs you are not comfortable working with?
Please detail your experience with dogs and/or other animals including information about your own pet, classes or
seminars you have attended/instructed or dog training books you've read, etc.
Have you worked in other dog professions? (i.e. grooming, pet-sitting, dog walking, kennel attendant, vet-tech, etc.)
Describe other relevant experience (i.e. teaching classes, experience dealing with the public, etc.)
What qualities and skills do you believe make you an excellent candidate for our Apprenticeship Program? Why do
you think you should be accepted over other candidates? (i.e. excellent communication skills, knowledge of different breeds, experience working with animals etc.)

1) Have y	ou ever been convicted of a misder	neanc	or or felony involving animals?
	Yes		No
2) Have y	ou ever been convicted of a crimina	al off	ense for which a pardon has not been granted?
	Yes		No
3) Are you	ı bondable?		
	Yes		No

APPLICATION DECLARATION

I understand that acceptance of this application does not guarantee admission to the Dog Training That Works Apprenticeship Program. I understand that Dog Training That Works reserves the right to refuse admission to any applicant and I hereby certify that the information above is truthful and accurate. I permit the owner and employees of Dog Training That Works to request and/or confirm any information necessary to support my application from the references I have provided. I understand that falsification or omission of any information presented or requested on this application and during the interview process will result in the immediate cancellation of my admission or registration.

Applicant Signature	Date

Thank you for your interest in applying for our Apprenticeship Program. Filling out this application does not ensure acceptance into the program. All applications received will be reviewed, and selected applicants will be contacted and invited for an interview.

If you have any questions about this application or require addition information please contact us at (416) 723-0212 or e-mail at <u>dttw@canis.ca</u>.