



# Application for Employment

**Notice to applicants: Must be 19 or older to apply.** All employees and/or applicants are subject to drug and alcohol testing. If you use, possess or distribute illegal drugs do not bother to apply.

## AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for positions without regard to race, religion, age, sex, color, national origin, marital status, or disability.

## PERSONAL HISTORY

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Last First Middle Initial

Address \_\_\_\_\_  
 Street City State Zip Code

Home Phone ( ) - \_\_\_\_\_ Message Phone ( ) - \_\_\_\_\_

Email Address \_\_\_\_\_

Job title applying for \_\_\_\_\_

Expected pay \$ \_\_\_\_\_ Available Date \_\_\_\_\_

Would you work  Full-time  Part-time  Temporary Full-time  Temporary work  Shift work

Hours available  
 Mon from \_\_\_\_\_ to \_\_\_\_\_ Tues from \_\_\_\_\_ to \_\_\_\_\_ Wed from \_\_\_\_\_ to \_\_\_\_\_ Thurs from \_\_\_\_\_ to \_\_\_\_\_ Fri from \_\_\_\_\_ to \_\_\_\_\_

## EMPLOYMENT HISTORY

### PLEASE READ CAREFULLY – WRITE CLEARLY – ANSWER ALL QUESTIONS or ATTACH RESUME WITH WORK HISTORY

Starting with present or most recent, list **ALL PREVIOUS EMPLOYERS REGARDLESS OF TYPE OF POSITION OR LENGTH OF TIME ON THE JOB.** If employed by any of the following companies under another name, please indicate in the space provided. If you need more space to complete your employment history, please request a continuation sheet.

1	Most recent company name		Telephone ( ) -	
	Street	City	State	Zip Code
	Employed (month and year) From To		Rate of Pay Starting Ending	
	Name of Supervisor	Position you held		Reason for leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary
	Describe your job		Your name when you worked there	

2	Most recent company name		Telephone ( ) -	
	Street	City	State	Zip Code
	Employed (month and year) From To		Rate of Pay Starting Ending	
	Name of Supervisor	Position you held		Reason for leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary
	Describe your job		Your name when you worked there	

3	Most recent company name		Telephone ( ) -	
	Street	City	State	Zip Code
	Employed (month and year) From To		Rate of Pay Starting Ending	
	Name of Supervisor	Position you held		Reason for leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary
	Describe your job		Your name when you worked there	

## EDUCATIONAL HISTORY

WRITE CLEARLY – ANSWER ALL QUESTIONS or ATTACH RESUME WITH EDUCATIONAL HISTORY

Name and Location of School	Circle last year completed	If graduated month & year	Major course or subject	Degree
High School, Preparatory School or Equivalent	9   10   11   12			
College	1   2   3   4			
Graduate School	1   2   3   4			
Animal Related Training / Other				

Are you studying at the present time?      Yes  No       What \_\_\_\_\_ Where \_\_\_\_\_

Do you plan to further your education?      Yes  No       What \_\_\_\_\_ Where \_\_\_\_\_

State any additional information or training you feel may be helpful to us in considering your application.

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Why do you want to work in the pet care industry?

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Please describe what type of work you like best?

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HAVE YOU EVER APPLIED TO WORK HERE BEFORE? Yes  No  Date \_\_\_\_\_

ARE YOU A CITIZEN OR A RESIDENT ALIEN WITH A VALID WORK PERMIT? Yes  No

ARE YOU AN ACTIVE MEMBER/SPOUSE OF US ARMED FORCES OR VETERAN? Yes  No

ARE YOU ABLE TO MAKE A SIX MONTH WORK COMMITMENT: Yes  No

### PLEASE READ BEFORE SIGNING

If you have questions regarding these statements, please ask the interviewer before signing.

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY?

Yes      IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER AND ATTACH IT TO THIS APPLICATION. (A CONVICTION RECORD IS NOT ABSOLUTE GROUNDS FOR DISQUALIFICATION. THE NUMBER, NATURE, REGENCY, AND RELATIONSHIP TO THE JOB APPLIED FOR WILL BE EVALUATED IN REVIEWING THIS APPLICATION. THE INTERVIEWER WILL DISCUSS a "YES" ANSWER WITH YOU.)

No

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief. ***In the event of employment, I understand that false or misleading information and/or concealment or omission of material fact given in my application or interview(s) may result in immediate termination.*** I further understand that submission of this application does not imply that I will be interviewed or employed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

--Application must be signed--