

PET NATION JOB APPLICATION SUPPLEMENT

THE POSITION WE ARE HIRING FOR MAY INVOLVE HOURS ON WEEKDAYS AND EVENINGS, SATURDAYS & POSSIBLY SUNDAYS ARE YOU ABLE TO WORK THESE HOURS? _____

ARE YOU AVAILABLE DURING THE HOLIDAYS? _____

ARE THERE ANY DAYS OR HOURS THAT YOU ARE UNAVAILABLE TO WORK?

WHAT DAYS/HOURS ARE YOU APPLYING FOR? _____

ARE YOU ABLE TO LIFT AND CARRY A 44 POUND BAG OF DOG FOOD? _____

ARE YOU ABLE TO MOVE MANY 44 POUND BAGS AROUND IN A SHORT TIME SPAN? _____

ARE YOU AFRAID OF CLIMBING LADDERS? _____

WHAT TYPE OF PETS DO YOU HAVE NOW? _____

WHAT PETS HAVE YOU HAD IN THE PAST?

ARE YOU AFRAID OF HANDLING ANY PETS OR CLEANING THEIR CAGES? _____ IF YES, WHAT? _____

ARE YOU AFRAID OF DOGS, CATS, BIRDS, HAMSTERS, FERRETS, SPIDERS OR ANY OTHER PET? _____

ARE YOU ALLERGIC TO ANY PETS? _____

WHAT DO YOU THINK WORKING IN A PET STORE INVOLVES?

WHY DO YOU WANT TO WORK IN A PET STORE?

SIGNATURE _____ DATE _____

Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date of Interview (Month/Day/Year):
/ /

Applicant Data

Position Applied for:

How were you referred to us:

Full Name:

Address:

City:

State:

Zip:

Phone:

Mobile/Pager/Other:

E-mail:

Date Available to Start:

Social Security Number: - -

Salary Requirements:

If you are under 18 years of age, can you provide a work permit? Yes No If no, please explain:

Have you ever worked for this company? Yes No If yes, when?

Are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes, give dates and details:

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number (if applicable to position):

State:

Summarize Your Special Skills or Qualifications

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Previous Employment (begin with most recent position)

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____