



Employment Application Form

Country Lane Pet Resort
 2062 Laurel Pt Isabel Rd.
 Moscow, OH 45153

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS				
PLEASE COMPLETE PAGES 1-5.			DATE	
Name				
Last	First	Middle	Maiden	
Present address				
Number	Street	City	State	Zip
How long		Social Security No. _____ - _____ - _____		
Telephone (____) _____				
If under 18, please list age				
Position applied for (1) and wage desired (2) (Be specific)		Days/hours available to work		
		No Pref	Thur	
		Mon	Fri	
		Tue	Sat	
		Wed	Sun	
How many hours can you work weekly?			Can you work nights?	
Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME				
Available number of hours per week you can work?				
Are you presently enrolled in school? If Yes, give the name and address.				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				
HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes				
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.				

PLEASE PRINT ALL INFORMATION
REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address

Name of last supervisor

Employment
dates

Pay or salary

City, State, Zip Code Phone number

From
To

Start
Final

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Name of last supervisor

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To

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Your Last Job Title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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APPLICATION FOR EMPLOYMENT

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Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
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City, State, Zip Code Phone number		From To	Start Final
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	Your last job title
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Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.
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Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
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City, State, Zip Code Phone number		From To	Start Final
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	Your last job title
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Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.
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May we contact your present employer? Yes No
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Did you complete this application yourself Yes No

If not, who did?

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by _____ (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of _____, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and _____ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE			
POST EMPLOYMENT INFORMATION FORM			
TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED			
Height _____ ft. _____ in.	Weight _____	Birth date _____	
Married Yes No	If married, how long? _____	Single Separated Divorced Widowed	
Full name of spouse	Occupation		
Name of company	Telephone (____) _____		
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
Name	Telephone (____) _____		
Address	Relationship		
FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS			
NAME	RELATIONSHIP	BIRTH DATE	SSN
<small>TO BE COMPLETED BY EMPLOYER</small>			
Date of employment	Job title	Dept.	
Location	Rate of pay	Full-time	Part-time Salaried
Applicant's signature acknowledging above information			
Drug test confirmation number			
Name of person verifying information			
Name of person authorizing employment			

Applicant Selection Criteria Record

JOB TITLE			
CANDIDATES CONSIDERED (INCLUDING MINORITIES AND FEMALES)			
NAME	MALE/ FEMALE	ETHNIC CODE*	ON LAB SECTION/ OFF LAB
*ETHNIC CODES: 1-BLACK, 2-ORIENTAL, 3-HISPANIC, 4-AMERICAN INDIAN, 0-OTHER			
CANDIDATE SELECTED			
NAME	MALE/ FEMALE	ETHNIC CODE	SOURCE
SELECTION CRITERIA			
REASONS CANDIDATE SELECTED WAS PREFERABLE TO OTHERS			