



APPLICATION FOR EMPLOYMENT

PLEASE PRINT & COMPLETE ALL PAGES.

DATE _____

4603 William Penn Highway, Murrysville, PA 15668

Name _____
Last, First, Middle (Maiden)

Present address _____
Number, Street, City, State Zip

How long at present address? _____ Social Security No. ____ - ____ - ____

If less than 1 year, please indicate previous address: _____

Telephone: Check best number to reach you: _____ (home) _____ (cell)
Best time to reach you: _____

Date of Birth _____ (mm/dd/yyyy) If under 18, please list age _____

Position(s) applied for: Walking Groomer Retail Trainer Management Vet Tech Other _____

Days available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____ Can you work weekends? _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Starting date you are available for work? _____

Is there any existing physical disability that would prevent you from performing fully the duties of the job for which you are applying?
Please see separate listing of job duties. Yes No
If yes, please explain: _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City, State)	YEAR GRADUATED	MAJOR & DEGREE
High School				
College				
Business, Trade or Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? 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. _____

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No

Driver's license number _____ State of issue _____ Expiration date _____

What is your means of transportation to work? _____

Have you had any accidents during the past three years Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____ Honorable Discharge? Yes No

EXPERIENCE WITH ANIMALS:

Please describe in detail any experience you have had with animals: _____

Has there ever been any filing against you with the Humane Society of this or any other State? Yes No

If yes, please explain in detail: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information you feel may be necessary to describe your full qualifications:

WORK EXPERIENCE

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

	MOST RECENT:	SECOND MOST RECENT:
Employer	_____	_____
Full Address	_____ _____	_____ _____
Telephone	_____	_____
Name of supervisor	_____	_____
Employment dates (mm/yy)	From: _____ To: _____	From: _____ To: _____
	Hourly salary: _____	Hourly salary: _____
Your job title	_____	_____
Reason for leaving	_____	_____
List jobs held, duties, skills used or learned, advancements or promotions.	_____ _____ _____	_____ _____ _____
	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

	THIRD MOST RECENT:	FOURTH MOST RECENT:
Employer	_____	_____
Full Address	_____ _____	_____ _____
Telephone	_____	_____
Name of supervisor	_____	_____
Employment dates (mm/yy)	From: _____ To: _____	From: _____ To: _____
	Hourly salary: _____	Hourly salary: _____
Your job title	_____	_____
Reason for leaving	_____	_____
List jobs held, duties, skills used or learned, advancements or promotions.	_____ _____ _____	_____ _____ _____

REFERENCES

Please list at least two professional references: *(additional references can be listed on a separate page)*

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone _____

Telephone _____

Please check here to indicate that you have read and understood the enclosed policy that Walkers Pet HoTail® is a drug and alcohol free workplace. I have read the policy and understand it.

Did you complete this application yourself Yes No

If not, who did? _____
(Name & relationship to you)

PLEASE READ CAREFULLY - APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Walkers Pet HoTail® (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. Both the undersigned and Company 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 contact. I certify that all information provided in this application is accurate.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment 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 and vaccinations as may be required.

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 Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and 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.