				TM CO TM		
NOTE: PLEASE ASK IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION						
LAST NAME:		RMATION T NAME:		MIDDLE IN:		
PRESENT ADDRESS:	CITY		STATE	ZIP:		
HOME OR MESSAGE PHONE:	WOF		E-MAIL:	ZII .		
WAGE/SALARY DESIRED?			— ···· ··			
POSITION APPLIED FOR?		DATE AVAILABLE FOR	WORK?			
AVAILABLE: Days 7 Evenings 7 Nights 7 APPLYING FOR: Full time 7 Part time 7 Temporary 7						
Will visa or immigration status prevent lawful employment? Yes 7 No 7 (Proof of right to work in the U.S. will be required if hired.)						
Are you 18 years or older? Yes 7 No 7 (If no, employment is subject to minimum legal age requirements.)						
Have you been convicted of a felony or released from prison within the past 10 years? (A conviction may not necessarily disqualify you from employment.) Yes No If yes, please indicate the date and nature of the offense: CALIFORNIA APPLICANTS ONLY: Applicant may omit any convictions for the possession of marijuana (except for convictions for the possession of marijuana on school grounds or possession of concentrated cannabis) that are more than two years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program.						
Do you have a Non-Compete, Non-Disclosure, or other agreement that might restrict your employment with us? ☐ Yes ☐ No						
Have you ever previously applied to or been employed by this company? ☐ Yes ☐ No If yes, when?						
How did you learn about this position opening?						
Were you known by any other name at any job or school listed on this application? What name(s)?						
At which school(s)/employer(s) were you	known by this other nar	me?	, ,			
Are you able to perform the essential fundaccommodations? ☐ Yes ☐ No			either with or with	nout reasonable		
	EDU	CATION				
Name and	Location of School	Years Completed	Did you graduate?	Degrees Received		
High School						
College						
Trade						
Business, or						
Graduate school	e k	KILLS				
7 Tuning upp 7 Tonkov 7			7.0	Othor		
7 Typing wpm 7 Ten-key 7 Bookkeeping 7 Receptionist #incoming lines 7 Other						
7 Supervision (yrs of experience) Proficient at : 7 Excel 7 Word 7 Access 7 PowerPoint 7 Outlook						
7 Other computer skills/experience						
Indicate other skills related to the position you are seeking:						

EMPLOYMENT RECORD (INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED)

Please list your employment history l	pelow beginning with the most recent er	mployer, include U.S. military service.
If currently employed, may we contact yo	our employer? Yes 7 No 7	
Employer	Type of business	Telephone()
City	State	Fax: ()
Job Title	Supervisor	Telephone()
Dates Employed: From To	Reason for leaving	Wage/Salary
Duties		
Employer	Type of business	Telephone()
City	State	Fax: ()
Job Title	Supervisor	Telephone ()
Dates Employed: From To	Reason for leaving	Wage/Salary
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Duties		
Employer	Type of business	Telephone ()
City	State	Fax: ()
Job Title	Supervisor	Telephone ()
Dates Employed: From To	Reason for leaving	Wage/Salary
Duties		
I certify that the information given by me is tru false information during the application process	,	nderstand that if I am employed, the discovery that I gave
previous employers, educational institutions concerning my work and work habits. Further equests for information from all claims, liabil	, and references. I expressly authorize my per, I release all parties (including Animal Food Wities, and damages for whatever reason, arising	his application and to request information about me from previous employers to provide information and opinions (arehouse and Pet Zoo) and persons connected with any out of furnishing any information. If employed, I release garding my work history with Animal Food Warehouse and
•	·	inderstand Animal Food Warehouse and Pet Zoo cannot inpany may have or that my application will be considered
	t I am required to abide by all current and subse be terminated, at any time, with or without notice,	quently issued rules and regulations of the Company and by either party.

DRUG AND ALCOHOL POLICY

Animal Food Warehouse and Pet Zoo (the Company) are committed to producing products of the highest quality and providing a safe and productive work environment for employees. Consistent with this commitment is our policy to maintain a drug and alcohol-free workplace. To help maintain this environment, we have implemented a pre-employment drug screening program. Under this program, all job applicants and temporary employees may be required to submit to a urinalysis exam conducted by an independent laboratory of our choice. A negative result will be a condition of employment. Any applicant or new hire that tests positive will be ineligible to work and may not reapply for a position within six months.

By signing below, I hereby consent to testing for the presence of unauthorized drugs and alcohol, and I authorize the release of the test results to the Company. I also authorize the Company, the laboratory, to obtain any necessary medical information from my physician, treating hospital, or other treating health or substance abuse professional. I hereby release the Company from any and all claims, demands, or liabilities that may arise in connection with the administration of the test or use of the test results.

I fully understand that any offer of employment or temporary placement is contingent on my successfully passing the screening process, and that any misrepresentation or attempt to tamper with the sample submitted may be grounds for disciplinary action, including dismissal, if I am employed or temporarily placed.

Applicant's Name (please print):	
Date:	