Pet Zoo Alaska – Exclusively Alaskan ٨

| | | | | | | | | Application | | |
|---|---|--|------------------|-----------------------------------|---|-------------------------|---------------|--------------------|--|--|
| Please return comp to: Pet Zoo 10201 E. Palmer V Palmer, AK 99645 | Vasilla Hwy. | H.R. Use only Date Received | | | | | | | | |
| | NOTE: PLEA | SE ASK IF YOU NEE | | | | HIS APPLIC | ATION | | | |
| | | II | 1 | RMA | | | | | | |
| LAST NAME: PRESENT ADDRESS: | | | | FIRST NAME: MIDD | | | | | | |
| HOME OR MESSAGE PHONE: | | | | CITY: STATE ZIP: WORK: E-MAIL: | | | | | | |
| WAGE/SALARY D | | | // (/ (. | | | / (IL. | | | | |
| | | | | | | | | | | |
| 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.) | | | | | | | | | | |
| | nvicted of a felony o | | on wi | • | | , | • | • • • | | |
| you from employm | | | | | | | | | | |
| If yes, please indic | ate the date and nat | ure of the offense: | | | | | | | | |
| the possession of r information concer | LICANTS ONLY: Ap marijuana on school ning a referral to, an | grounds or posses d participation in, a | sion o ny pro | of conce etrial or | ntrated cannabis) post trial diversion | that are mo program. | re than two | years old, and any | | |
| 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 b | y any other name at | any job or school I | isted | on this a | application? What | name(s)? | | | | |
| At which school(s) | /employer(s) were ye | ou known by this ot | her na | ame? | | | | | | |
| Are you able to per accommodations? | rform the essential f □ Yes □ No | unctions of the posi | tion fo | or which | i you are applying, | either with | or without re | asonable | | |
| | | | EDL | JCATI | ON | | | | | |
| | Name ar | nd Location of Scho | ol | | Years Completed | Did you graduate? | Degr | rees Received | | |
| High School | | | | | | | | | | |
| College | | | | | | | | | | |
| Trade | | | | | | | | | | |
| Business, or | | | | | | | | | | |
| Graduate school | | | | | | | | | | |
| | | | S | KILLS | 5 | | | | | |
| 7 Typing w | pm 7 Ten-key | 7 Bookkeeping | 7 | Receptio | onist #incoming lin | es | 7 Other | | | |
| | of experience) | | | - | at:7 Excel 7 Wo | | | | | |
| 7 Other computer | · · · | | | | | | | | | |
| | s related to the posit | ion vou are seeking | 1: | | | | | | | |
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| Appl | ication |
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| Please list your employment history below beginning with the most recent employer, include U.S. military service. If currently employed, may we contact your employer? Yes 7 No 7 Employer | |
|--|--|
| Employer Type of business Telephone () City State Fax: () Job Title Supervisor Telephone () Dates Employed: From To Reason for leaving Wage/Salary | |
| 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 () | |
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| Dates Employed: From To Reason for leaving Wage/Salary | |
| Duties | |

I certify that the information given by me is true and complete to the best of my knowledge. I understand that if I am employed, the discovery that I gave false information during the application process may result in immediate dismissal.

I authorize Animal Food Warehouse and Pet Zoo to investigate all statements contained in this application and to request information about me from previous employers, educational institutions, and references. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties (including Animal Food Warehouse and Pet Zoo) and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information. If employed, I release Animal Food Warehouse and Pet Zoo from any liability for future references it may provide regarding my work history with Animal Food Warehouse and Pet Zoo.

Due to the large number of applications Animal Food Warehouse and Pet Zoo receives, I understand Animal Food Warehouse and Pet Zoo cannot guarantee that my application will be considered for any or all-open positions they or the Company may have or that my application will be considered for any specific time.

In the event of employment, I understand that I am required to abide by all current and subsequently issued rules and regulations of the Company and that my employment and compensation may be terminated, at any time, with or without notice, by either party.

Signature of Applicant

Date

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):

Applicant's Signature:

Date: