



EMPLOYMENT APPLICATION

PLEASE PRINT		Today's date: _____		
First name	M.I.	Last name	Preferred name/Nickname	
Street address	Apartment #	City	State	Zip code
Home Phone	Alternate/work phone		Email address	

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Are you interested in: Full-time: ___ Part-time: ___ Temporary: ___ What do you prefer? Weekdays: ___ Weekends: ___ Evenings: ___ Nights: ___

How did you hear about the position? Friend(name): _____ Website: _____ Job site: _____

Position desired: _____ Desired pay (hourly): _____ When are you able to start work? (Date): _____

PLEASE CHECK YES OR NO TO THE FOLLOWING

Are you authorized to work in the United States? Yes: ___ No: ___

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, The Ultimate Pet Lodge will verify the status of every individual offered employment with the company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you under 18 years of age? Yes: ___ No: ___ If yes, can you furnish a work permit? Yes: ___ No: ___

Are you capable of performing the essential functions of the job for which you are applying with or without reasonable accommodation? Yes: ___ No: ___

The Ultimate Pet Lodge is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, The Ultimate Pet Lodge complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. The Ultimate Pet Lodge also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT FIRST):

From: _____ MO./YR.	Company Name		Your position and title		
	Address		Supervisor's name, title, & position		
	City	State	Zip Code	Supervisor's telephone number	
	Type of business		Starting pay:		Final pay:
	Telephone number		Termination (check one) Voluntary: ____ Involuntary : ____		Reason for termination
	Briefly describe your major duties				
From: _____ MO./YR.	Company Name		Your position and title		
	Address		Supervisor's name, title, & position		
	City	State	Zip Code	Supervisor's telephone number	
	Type of business		Starting pay:		Final pay:
	Telephone number		Termination (check one) Voluntary: ____ Involuntary : ____		Reason for termination
	Briefly describe your major duties				
From: _____ MO./YR.	Company Name		Your position and title		
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	City	State	Zip Code	Supervisor's telephone number	
	Type of business		Starting pay:		Final pay:
	Telephone number		Termination (check one) Voluntary: ____ Involuntary : ____		Reason for termination
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	Telephone number		Termination (check one) Voluntary: ____ Involuntary : ____		Reason for termination
	Briefly describe your major duties				
From: _____ MO./YR.	Company Name		Your position and title		
	Address		Supervisor's name, title, & position		
	City	State	Zip Code	Supervisor's telephone number	
	Type of business		Starting pay:		Final pay:
	Telephone number		Termination (check one) Voluntary: ____ Involuntary : ____		Reason for termination
	Briefly describe your major duties				

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

IN THE LAST 7 YEARS, HAVE YOU BEEN CONVICTED OF OR HAVE YOU PLEADED GUILTY TO ANY FELONY OR MISDEMEANOR*? (Please exclude minor traffic offenses and convictions which have been sealed, impounded, erased, expunged, annulled or nolleed)

YES ____ NO ____

If yes, please describe:

*PLEASE NOT: OTHER FACTORS WILL BE TAKEN INTO ACCOUNT SUCH AS THE NATURE OF THE OFFENSE, THE TIME THAT HAS PASSED SINCE THE CONVICTION AND THE TYPE OF JOB BEING SOUGHT. FURTHER, THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW.

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process it employees.

Signature: _____

Date: _____