



APPLICATION FOR EMPLOYMENT

- Sylmar** 12823 Foothill Blvd., Sylmar, CA 91342
- Canoga Park** 20900 Sherman Way, Canoga Park, CA 91303

PERSONAL INFORMATION DATE: _____

Last Name: _____ First Name: _____ SSN: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: () - _____ Email: _____

Date of Birth: _____ *If under 18, are you able to supply Pet Supreme with a work permit?* Yes No

EMPLOYMENT INFORMATION

Position Desired: _____ Date Available to Start: / /

Availability: Full-Time Part-Time Desired Salary/Pay: _____

Min Hours Per Week: _____ Max Hours Per Week: _____

Days & Times Available:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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How were you referred to Pet Supreme? _____

WORK EXPERIENCE *List last four employers, most recent first.*

May we contact your current employer? Yes No

DATE: MONTH & YEAR	NAME, PHONE NUMBER & ADDRESS OF EMPLOYER	POSITION/RESPONSIBILITY	PAY RATE	REASON FOR LEAVING
From: _____ To: _____			Starting: _____ Ending: _____	
From: _____ To: _____			Starting: _____ Ending: _____	
From: _____ To: _____			Starting: _____ Ending: _____	
From: _____ To: _____			Starting: _____ Ending: _____	

Have you previously worked for Pet Supreme? Yes *(Please answer questions below)* No

Position Held: _____ Dates Employed: From _____ To _____

Reason for leaving: _____

REFERENCES

Please provide the names of three persons who are not related to you (besides prior employers) who you have known for at least one year.

Name: _____	Business: _____	Phone Number: _____	Relationship: _____	Years Known: _____
Name: _____	Business: _____	Phone Number: _____	Relationship: _____	Years Known: _____
Name: _____	Business: _____	Phone Number: _____	Relationship: _____	Years Known: _____
Name: _____	Business: _____	Phone Number: _____	Relationship: _____	Years Known: _____

EDUCATION HISTORY

HIGH SCHOOL

School Name: _____ 9th 10th 11th 12th Graduation Date: _____

COLLEGE/TECH SCHOOL

School Name: _____ 1st 2nd 3rd 4th Graduation Date: _____

Subjects Studied/Major: _____

Special Training/Skills: _____

LEGAL

Are you eligible or have a legal right and necessary documents to work in the U.S? Yes No

Were you ever discharged by any company? Yes No

If yes, give name of company and reason for discharge: _____

Have you ever been convicted of a crime? Yes No

If yes, explain the number of convictions, how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR TERMINATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME. THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITY ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS. I UNDERSTAND AND AGREE THAT, IF EMPLOYED, THE EMPLOYMENT WILL BE "AT WILL." THAT IS, EITHER I OR PET SUPREME MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON, OR FOR NO REASON. I UNDERSTAND THAT RECEIPT OF THIS APPLICATION BY PET SUPREME DOES NOT IMPLY EMPLOYMENT AND THAT THIS APPLICATION AND/OR ANY OTHER PET SUPREME DOCUMENTS ARE NOT CONTRACTS OF EMPLOYMENT."

Signature: _____

Date: _____