



## EMPLOYMENT APPLICATION

### An Equal Opportunity Employer

Pet Supplies Plus & its family of companies provides equal employment opportunities to all applicants for employment without regard to race, color, religion, sex, national origin, age, disability, genetics or any other classification protected by State or Federal Law. In addition to federal law requirements, the company complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment.

### EMPLOYMENT DESIRED

Position applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you learn about us?

\_\_\_\_\_ Advertisement \_\_\_\_\_ Friend/Relative \_\_\_\_\_ Walk-In \_\_\_\_\_ Other

This job requires frequent bending, twisting and standing and the ability to lift up to 40lbs. Can you meet this requirement and perform the essential functions of the job, either with or without a reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

This job requires frequent interaction with a variety of pets. Do you have any concerns with handling or being in physical presence of any type of animal? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe your concerns: \_\_\_\_\_

Other positions you would consider: \_\_\_\_\_

Type of employment desired: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time (less than 30 hours/week)

Date you are available for work: \_\_\_\_\_ Salary/hourly rate expected \$ \_\_\_\_\_

Do you have any relatives currently working at Pet Extreme or Discount Pet? \_\_\_\_\_ Yes \_\_\_\_\_ No

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Other Last names used while working, if any: \_\_\_\_\_

Are you at least 16 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you authorized to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you now or will you in the future require work authorization sponsorship? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed an application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide date of application: \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide dates of employment: \_\_\_\_\_

# PET SUPPLIES PLUS.



## EMPLOYMENT HISTORY: (List most recent job and the past 10 years of employment. Use additional sheets, if necessary)

Employed from: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
\_\_\_\_\_  
Month Year  
to \_\_\_\_\_  
\_\_\_\_\_  
Month Year

Type of business: \_\_\_\_\_  
Address: \_\_\_\_\_  
No. and Street City State Zip Code  
Telephone: ( ) \_\_\_\_\_  
Starting Position: \_\_\_\_\_ Salary/Hourly Rate: \$ \_\_\_\_\_  
Final Position: \_\_\_\_\_ Salary/Hourly Rate: \$ \_\_\_\_\_  
Name of supervisor: \_\_\_\_\_  
List job title and main duties performed: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

If presently employed, may we contact your supervisor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Telephone: ( ) \_\_\_\_\_

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Employed from: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
\_\_\_\_\_  
Month Year  
to \_\_\_\_\_  
\_\_\_\_\_  
Month Year

Type of business: \_\_\_\_\_  
Address: \_\_\_\_\_  
No. and Street City State Zip Code  
Telephone: ( ) \_\_\_\_\_  
Starting Position: \_\_\_\_\_ Salary/Hourly Rate: \$ \_\_\_\_\_  
Final Position: \_\_\_\_\_ Salary/Hourly Rate: \$ \_\_\_\_\_  
Name of supervisor: \_\_\_\_\_  
List job title and main duties performed: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

# PET SUPPLIES PLUS.



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Employed from: \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_  
to \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_

Firm Name: \_\_\_\_\_

Type of business: \_\_\_\_\_

Address: \_\_\_\_\_  
No. and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Starting Position: \_\_\_\_\_ Salary/Hourly Rate: \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Salary/Hourly Rate: \$ \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

List job title and main duties performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employed from \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_  
to \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_

Firm Name: \_\_\_\_\_

Type of business: \_\_\_\_\_

Address: \_\_\_\_\_  
No. and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Starting Position: \_\_\_\_\_ Salary/Hourly Rate: \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Salary/Hourly Rate: \$ \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

List job title and main duties performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## EDUCATION: (Please list the highest level education completed)

Type of School	Name & Address of School	Diploma or Degree Obtained	Years Completed	Course of Study

## WORK SCHEDULE AVAILABILITY:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Available							

## PROFESSIONAL REFERENCES:

1. \_\_\_\_\_ ( )  
Name Professional Relationship/Position Telephone
2. \_\_\_\_\_ ( )  
Name Professional Relationship/Position Telephone
3. \_\_\_\_\_ ( )  
Name Professional Relationship/Position Telephone

## PLEASE READ BEFORE SIGNING:

I understand that this application may require a thorough pre-employment background investigation. This investigation is limited to only that information required for determining fitness for employment and may include, but is not limited to: employment history verification, job performance, disciplinary record, and a criminal background investigation. By signing this document, I agree to hold harmless any previous employer, agent of that corporation, or any individual organization providing information pursuant to this Authorization.

The facts set forth above are true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior work record. I grant permission to the Company to obtain information concerning my general reputation, character, conduct and work quality and authorize any person or organization contacted to furnish information and opinions concerning my qualifications for employment, whether same is a matter of record or not, including personal evaluation of my honesty, reliability, carefulness and ability to take direction from my superiors. I understand that this may include a record of disciplinary action assessed by previous employers. I hereby release any such person or organization from any and all liability which may result in furnishing such information or opinion. I hereby release the Company and any person, organization or prior employer from any obligation, to provide me with written notification of such disclosure (whether prior to or after such disclosure). I understand that employment is contingent upon this investigation and, if employed, false statements in this application shall be considered sufficient cause for dismissal. I understand and agree that if, in the opinion of the Company, the results of the investigation are unsatisfactory, that an offer of employment that has been made may be withdrawn or my employment with the Company may be terminated.

I further understand and agree that prior to commencing employment I may be requested to submit to tests to determine the presence of alcohol or illegal drugs, and agree to the release of any such test results to appropriate personnel, and agree that if I refuse such tests before commencing employment, my offer of employment will be revoked.

I agree that this application is not an offer of employment. I agree that if I am employed by the Company (1) that my employment is "at will" and may be terminated at any time, with or without notice and with or without cause, at the option of either the Company or myself; (2) that I will receive wages and benefits and be subject to rules and regulations, and that such wages, benefits, rules and regulations are subject to change by the Company at any time with or without notice to me; (3) that my assigned work hours may be modified by the Company, and if requested, I will be required to work overtime; (4) that this constitutes the entire agreement between the Company and myself and that any and all prior agreements are null and void, and that nothing in any documents published by the Company, either before or after this agreement, shall in any way modify the above terms; (5) that this agreement cannot be modified by any oral or written representations made by anyone employed by the Company, either before or after this agreement, and may only be modified by a written document directed exclusively to me which specifically states that such written document is a modification of this agreement and is signed by the Chief Executive Officer of the Company and me.

I have read, understand and agree to the above statements and conditions of employment.

PRINT FULL NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ STORE LOCATION \_\_\_\_\_