



APPLICATION FOR EMPLOYMENT



PET EXTREME INC.
 PET EXTREME STORES
 DISCOUNT PET STORES

APPLICATION DATE

MONTH	DAY	YEAR
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1. PERSONAL DATA

NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	HOME PHONE ()
ADDRESS		CITY	STATE	ZIP CODE
		DAYTIME/MESSAGE ()		
ARE YOU UNDER THE AGE OF 18 YEARS? YES NO		ARE YOU ABLE TO SUBMIT PROOF OF YOUR AGE AND IDENTITY? YES NO		
NAME/ADDRESS/TELEPHONE NUMBER OF PERSON TO CONTACT IN CASE OF EMERGENCY:				

2. TYPE OF EMPLOYMENT DESIRED

WHAT TYPE OF WORK ARE YOU LOOKING FOR?	WAGE OR SALARY DESIRED?
ARE YOU CURRENTLY EMPLOYED? YES NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO
ARE THERE ANY HOURS, DAYS OR SHIFTS YOU CANNOT OR WILL NOT WORK? YES NO	DO YOU HAVE ADEQUATE TRANSPORTATION TO GET TO WORK? YES NO
IF ANSWER TO ABOVE IS YES, EXPLAIN WHEN YOU ARE UNABLE TO WORK:	IF HIRED, WHAT DATE ARE YOU AVAILABLE FOR EMPLOYMENT?

3. GENERAL DATA

HAVE YOU EVER BEEN EMPLOYED BY PET EXTREME INC? YES NO	HAVE YOU EVER BEEN COUNSELED FOR CASH HANDLING SITUATIONS? YES NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO	IF YOU HAVE BEEN CONVICTED OF A FELONY, PLEASE EXPLAIN: WHERE: DATE: ACTION TAKEN:
IF HIRED, DO YOU AGREE TO ABIDE BY ALL RULES OF PET EXTREME? YES NO	IF HIRED, CAN YOU PROVIDE PROOF OR ELIGIBILITY TO WORK IN U.S.? YES NO
ARE YOU ABLE TO PERFORM ALL ESSENTIAL FUNCTIONS, WITH OR WITHOUT REASONABLE ACCOMMODATIONS, FOR THE JOB FOR WHICH YOU ARE APPLYING? YES NO	

4. EDUCATION HISTORY

SCHOOL	NAME AND LOCATION OF SCHOOL	MAJOR	YEARS OR LEVEL COMPLETED	DEGREE/CERTIFICATE
HIGH SCHOOL				
COLLEGE				
TRADE OR OTHER				

5. EMPLOYMENT HISTORY

PLEASE READ THIS SECTION CAREFULLY: BEGIN WITH PRESENT OR MOST RECENT EMPLOYER AND LIST ALL JOBS YOU HAVE HELD FOR THE PAST FIVE YEARS. PLEASE INCLUDE ANY RELEVANT VOLUNTEER WORK EXPERIENCE. ACCOUNT FOR PERIODS OF UNEMPLOYMENT IN THE SPACE PROVIDED IN SECTION 6.

FROM: MO: YR:	TO: MO: YR:	EMPLOYER'S NAME AND COMPLETE ADDRESS		
STARTING WAGE: \$ PER	ENDING WAGE: \$ PER	JOB TITLE:	SUPERVISOR:	PHONE ()
DESCRIPTION OF DUTIES:				
REASON FOR LEAVING:			MAY WE CONTACT THIS PAST EMPLOYER? YES NO	

FROM: MO: YR:	TO: MO: YR:	EMPLOYER'S NAME AND COMPLETE ADDRESS		
STARTING WAGE: \$ PER	ENDING WAGE: \$ PER	JOB TITLE:	SUPERVISOR:	PHONE ()
DESCRIPTION OF DUTIES:				
REASON FOR LEAVING:			MAY WE CONTACT THIS PAST EMPLOYER? YES NO	

CONTINUED ON REVERSE

PET EXTREME CORP, APPLICATION FOR EMPLOYMENT 9808-1

5. EMPLOYMENT HISTORY (CONTINUED FROM FRONT)

PLEASE READ THIS SECTION CAREFULLY: BEGIN WITH PRESENT OR MOST RECENT EMPLOYER AND LIST ALL JOBS YOU HAVE HELD FOR THE PAST FIVE YEARS. PLEASE INCLUDE ANY RELEVANT VOLUNTEER WORK EXPERIENCE. ACCOUNT FOR PERIODS OF UNEMPLOYMENT IN THE SPACE PROVIDED IN SECTION 6.

FROM: MO: YR:	TO: MO: YR:	EMPLOYER'S NAME AND COMPLETE ADDRESS		
STARTING WAGE: \$ PER	ENDING WAGE: \$ PER	JOB TITLE:	SUPERVISOR:	PHONE ()
DESCRIPTION OF DUTIES:				
REASON FOR LEAVING:			MAY WE CONTACT THIS PAST EMPLOYER? YES NO	

FROM: MO: YR:	TO: MO: YR:	EMPLOYER'S NAME AND COMPLETE ADDRESS		
STARTING WAGE: \$ PER	ENDING WAGE: \$ PER	JOB TITLE:	SUPERVISOR:	PHONE ()
DESCRIPTION OF DUTIES:				
REASON FOR LEAVING:			MAY WE CONTACT THIS PAST EMPLOYER? YES NO	

6. PERIODS OF UNEMPLOYMENT

FROM: MO: YR:	TO: MO: YR:	HOW DID YOU SPEND YOUR TIME DURING THIS PERIOD?
FROM: MO: YR:	TO: MO: YR:	HOW DID YOU SPEND YOUR TIME DURING THIS PERIOD?
FROM: MO: YR:	TO: MO: YR:	HOW DID YOU SPEND YOUR TIME DURING THIS PERIOD?

7. REFERENCES (WORK OR EMPLOYMENT RELATED)

NAME:	YEARS ACQUAINTED	ADDRESS	PHONE ()
NAME:	YEARS ACQUAINTED	ADDRESS	PHONE ()
NAME:	YEARS ACQUAINTED	ADDRESS	PHONE ()

8. PET EXTREME INC DRUG AND ALCOHOL POLICY

PET EXTREME INC MAKES EVERY EFFORT TO MAINTAIN A DRUG AND ALCOHOL FREE WORKING ENVIRONMENT FOR ITS EMPLOYEES AND CUSTOMERS. THEREFORE, PET EXTREME INC PROHIBITS THE USE OF, POSSESSION OF, DISTRIBUTION OF, PURCHASE OR SALE OF, OFFERING TO PURCHASE OR SELL, TRANSFER OF, TRAFFICKING IN AND WORKING OR REPORTING FOR WORK UNDER THE INFLUENCE OF INTOXICANTS, DRUGS OR CONTROLLED ILLEGAL SUBSTANCES. APPLICANTS FOR EMPLOYMENT MAY BE REQUIRED TO TAKE AND PASS A DRUG AND ALCOHOL SCREENING TEST BEFORE THEY CAN BEGIN TO WORK AND EMPLOYEES MAY BE TESTED AT RANDOM OR IF THE COMPANY HAS A REASONABLE SUSPICION OF SUBSTANCE ABUSE. RESULTS OF SUCH TESTS WILL BE KEPT CONFIDENTIAL IN ACCORDANCE WITH APPLICABLE LAWS.

9. PLEASE READ CAREFULLY AND SIGN BELOW

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO HAVE ANY OF THE STATEMENTS MADE OR DATA PRESENTED CHECKED AND VERIFIED BY PET EXTREME INC UNLESS I HAVE INDICATED TO THE CONTRARY. I AUTHORIZE THE REFERENCES LISTED ABOVE TO PROVIDE PET EXTREME INC WITH ANY AND ALL INFORMATION THAT THEY MAY HAVE. FURTHER, I RELEASE ALL PARTIES AND PERSONS FROM ANY AND ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO PET EXTREME INC AS WELL AS FROM THE USE OR DISCLOSURE OF SUCH INFORMATION BY PET EXTREME INC OR ANY OF ITS AGENTS, EMPLOYEES OR REPRESENTATIVES. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER, OR IF I AM HIRED, IN MY DISMISSAL FROM EMPLOYMENT.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND STANDARDS OF PET EXTREME INC AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF PET EXTREME INC.

APPLICANT'S SIGNATURE
CONTINUED FROM FRONT

DATE