

PAWS AWHILE PET MOTEL

Application for Employment

OUR COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER THAT DOES NOT DISCRIMINATE ON THE BASIS OF SEX, AGE, RACE, COLOR, CREED, RELIGION, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, AFFECTIONAL OR SEXUAL ORIENTATION, ATYPICAL HEREDITARY CELLULAR OR BLOOD TRAIT, NON-JOB RELATED HANDICAP OR DISABILITY, LIABILITY FOR SERVICE IN THE UNITED STATES ARMED FORCES, CITIZENSHIP OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL, STATE OR LOCAL LAWS. OUR COMPANY WILL MAKE A REASONABLE ACCOMODATION TO KNOWN PHYSICAL OR MENTAL LIMITATIONS OF A QUALIFIED APPLICANT OR EMPLOYEE WITH A DISABILITY UNLESS THE ACCOMMODATION WOULD IMPOSE AN UNDUE HARDSHIP ON THE OPERATION OF THE COMPANY.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

DATE _____

PERSONAL INFORMATION

NAME _____
Last First Middle Initial

ADDRESS _____
Street City State Zip Code

TELEPHONE _____ CELL PHONE _____

EMAIL _____ SOCIAL SECURITY # _____

ARE YOU 16 YEARS OF AGE, OR HAVE A WORK PERMIT? Yes _____ No _____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO IS AUTHORIZED TO WORK IN THE U.S.?
Yes _____ No _____

(IF YOU ANSWER "YES", YOU MUST COMPLETE THE I-9 FORM REQUIRED BY THE U.S. IMMIGRATION AND NATURALIZATION SERVICE NO LATER THAN THREE (3) BUSINESS DAYS AFTER YOUR DATE OF HIRE.)

EMPLOYMENT DESIRED

POSITION FOR WHICH YOU ARE APPLYING: _____

FULL-TIME _____ PART-TIME _____ FILL-IN _____ SUMMER _____

DATE OF AVAILABILITY _____

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THIS COMPANY? _____

WHEN? _____

WERE YOU EVER EMPLOYED BY THIS COMPANY? _____ WHEN? _____

IN WHAT POSITION? _____

SPECIAL SKILLS: _____

OTHER: _____

HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY TO A CRIME OR ANY OTHER OFFENSE, OTHER THAN A TRAFFIC VIOLATION, WHICH HAS NOT BEEN EXPUNGED OR SEALED BY A COURT? Yes _____ No _____ (A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the date of the offense, the nature of the offense and your subsequent rehabilitation.)

AFTER COMPLETING THE REMAINDER OF THIS APPLICATION, PLEASE OBTAIN A JOB DESCRIPTION FOR THE POSITION YOU SEEK AND ANSWER THE FOLLOWING QUESTION:

CAN YOU PERFORM THE ESSENTIAL JOB FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION? Yes _____ No _____

EDUCATION

HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4

NAME OF LAST SCHOOL ATTENDED _____

VOCATIONAL OR TRADE SCHOOL _____

COURSE OF STUDY _____

REFERENCES

NAME AND OCCUPATION

ADDRESS

PHONE NUMBER

WORK EXPERIENCE

PLEASE LIST THE NAMES OF YOUR PRESENT AND/OR PREVIOUS EMPLOYERS IN CHRONOLOGICAL ORDER WITH PRESENT OR MOST RECENT EMPLOYER LISTED FIRST. PROVIDE INFORMATION FOR AT LEAST THE MOST RECENT TEN (10) YEAR PERIOD. ATTACH ADDITIONAL SHEETS IF NEEDED. IF SELF-EMPLOYED, SUPPLY FIRM NAME AND BUSINESS REFERENCES. YOU MAY INCLUDE ANY VERIFIABLE WORK PERFORMED ON A VOLUNTEER BASIS, INTERNSHIPS, OR MILITARY SERVICE. YOUR FAILURE TO COMPLETELY RESPOND TO EACH INQUIRY MAY DISQUALIFY YOU FOR CONSIDERATION FROM EMPLOYMENT. DO NOT ANSWER "SEE RÉSUMÉ."

Employer

Name	Address	Type of Business
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Telephone (____)____ - _____ Dates Employed From ___/___/___ To ___/___/___

Job Title _____ Duties _____

Supervisor's Name _____ Wages Start _____ Final _____

May we contact? Yes No If No, why not? _____ Reason for Leaving _____

What will this employer say was the reason your employment terminated? _____

How much notice did you give when resigning? If none, explain. _____

Employer

Name	Address	Type of Business
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Telephone (____)____ - _____ Dates Employed From ___/___/___ To ___/___/___

Job Title _____ Duties _____

Supervisor's Name _____ Wages Start _____ Final _____

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Employer

Name _____ Address _____ Type of Business _____
Telephone (____)____-____ Dates Employed From ____/____/____ To ____/____/____
Job Title _____ Duties _____
Supervisor's Name _____ Wages Start _____ Final _____
May we contact? Yes No If No, why not? _____ Reason for Leaving _____
What will this employer say was the reason your employment terminated? _____
How much notice did you give when resigning? If none, explain. _____

APPLICANT'S STATEMENT

I understand that any misstatement, omission or misleading information given in my application, resume or interview or in connection with other company records may result in the rejection of my application, the withdrawal of any offer of employment or my dismissal.

I authorize an investigation of all statements contained in this application for employment.

My offer of employment may be revoked if it is determined that I cannot perform the essential job functions of the position with or without a reasonable accommodation, or if providing a reasonable accommodation would impose an undue hardship on the company or if my employment would pose a direct threat of substantial harm to myself or others.

I understand that any employment with the company will be on a 90 day introductory basis. I understand that if employed by the company both during and subsequent to my introductory period, I will be an employee at will, which means that I can voluntarily end my employment or be terminated at any time without cause or notice. No statement, whether written or oral, by any company representative other than a written statement signed by the President may vary the foregoing.

Date: _____ Signature _____
