

ALICIA PET CARE CENTER – APPLICATION FOR EMPLOYMENT

Equal access to programs, services, and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Position(s) applied for _____ Application Date _____

Name _____

Address _____

City _____ Telephone _____

Email Address _____ Driver's License _____

If you are under 18, can you furnish a work permit? (circle one) YES NO

Have you ever been employed here before? (circle one) YES NO

Are you legally authorized for employment in this country? (circle one) YES NO

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

Date available for work _____ Type of employment (circle one) FT PT

EMPLOYMENT HISTORY List your last four (4) employers starting with the most recent.

From	To	Employer	Phone #
Job Title		Address	
Supervisor & title		Summarize the nature of your job	
Reason for leaving			
From	To	Employer	Phone #
Job Title		Address	
Supervisor & title		Summarize the nature of your job	
Reason for leaving			
From	To	Employer	Phone #
Job Title		Address	
Supervisor & title		Summarize the nature of your job	
Reason for leaving			
From	To	Employer	Phone #
Job Title		Address	
Supervisor & title		Summarize the nature of your job	
Reason for leaving			

Please explain any gaps in employment _____

Summarize any training, skills, licenses, certificates, and/or any characteristics of yourself that you feel make you a strong candidate for the position that you are applying for. _____

EDUCATIONAL BACKGROUND

Name of School	Location	Degree?	Course of study
High School			
College			
College			
Other			

REFERENCES (Please do not include any social friends or family members as references.)

Name	Telephone number	Relationship/Years known

I certify that the answers given herein (including but not limited to the Commercial Motor Vehicle Driver Supplement if applicable) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice.

I consent to and authorize this Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

CALIFORNIA APPLICANTS ONLY: I understand the Company may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics or mode of living during its evaluation of my application for employment and, if employed, during my employment. By checking the following box, I waive my right to receive copies of public records obtained by the Company.

Signature of applicant _____ Date _____

Additional Required Questions

1. Why are you interested in this particular role and our practice?

2. How would you describe your ideal work environment?

3. Detail a time you had an extremely challenging day at work. What caused it to be such a tough day? How did you handle it? How did you manage to recover from that and were other team members affected as well?

4. What should an employer expect from you as an employee?
