



HEALTHY PET EMPLOYMENT APPLICATION

An equal opportunity employer.

Store Location : _____

PERSONAL

Name : _____
(Last) (First) (Middle)

Address : _____
(Street) (City) (State) (Zip)

Telephone : _____ Social Security Number : _____
(Area Code)

Email : _____ Driver's License # _____

Have you ever been convicted of a felony in the last seven years? Yes No Explain Felony : _____
Are you a US citizen? Yes No _____

JOB INTERESTS

Position(s) applied for : _____ Salary Desired : _____

Have you applied here before? Yes No If so, when? _____

Type of employment requested Full Time Part Time Seasonal

Date you could begin working : _____ Hours Available : _____

SKILLS & EDUCATION

TYPE OF SCHOOL	NAME & LOCATION	COURSE OF STUDY	# OF YEARS	YEAR OF GRADUATION	DEGREE, DIPLOMA, CERTIFICATE & HONORS RECEIVED
HIGH SCHOOL					
COLLEGE					
OTHER					

Summarize any special skills or qualifications : _____

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1) Name of Employer : _____

Address : _____
(Street) (City) (State) (Zip)

Supervisor & Title : _____ Your Title: _____

Employed from : _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed : _____

Reason for leaving : _____

2) Name of Employer : _____

Address : _____
(Street) (City) (State) (Zip)

Supervisor & Title : _____ Your Title: _____

Employed from : _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed : _____

Reason for leaving : _____

3) Name of Employer : _____

Address : _____
(Street) (City) (State) (Zip)

Supervisor & Title : _____ Your Title: _____

Employed from : _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed : _____

Reason for leaving : _____

ACKNOWLEDGEMENT

I certified that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for a disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I released the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature : _____ Date : _____