

Please fill out all areas of this application completely in blue or black ink only. While you are welcome to submit a resume as well, it does not substitute for the thorough completion of your application.

APPLICATION DATE: _____ / _____ / _____ PLEASE DO NOT RE-APPLY WITHIN 6 MONTHS OF THE DATE OF YOUR LAST APPLICATION.

NAME			POSITION(S) DESIRED, IN ORDER OF PREFERENCE		
SOCIAL SECURITY NUMBER			HOURLY WAGE DESIRED		DATE AVAILABLE FOR WORK
STREET ADDRESS			FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>		LIST DAYS AND HRS. PREFERRED
CITY	STATE	ZIP	TEMPORARY <input type="checkbox"/> IF SO, SPECIFY PERIOD		
EMAIL ADDRESS			ARE THERE ANY DAYS OR SHIFTS YOU WILL NOT BE ABLE TO WORK? PLEASE SPECIFY:		
PHONE-HOME		PHONE-CELL			
IN ORDER TO PERMIT A CHECK OF YOUR WORK AND EDUCATION RECORDS, SHOULD WE BE MADE AWARE OF ANY CHANGE IN NAME OR ASSUMED NAME THAT YOU PREVIOUSLY USED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IDENTIFY NAME(S) AND RELEVANT DATES.					
DO YOU HAVE ANY RELATIVES WHO EITHER CURRENTLY WORK OR HAVE PREVIOUSLY WORKED FOR AGGIE PET ZONE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE SPECIFY:					
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT HERE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN?					

WORK EXPERIENCE • list your previous experience (beginning with your most recent position)

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EMPLOYER/COMPANY	
ADDRESS (CITY, STREET, ZIP)	PHONE
STARTING JOB TITLE	STARTING SALARY/WAGE
LAST JOB TITLE	FINAL SALARY/WAGE
DATES EMPLOYED (MO./YR.) FROM: TO:	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	VOLUNTARY? <input type="checkbox"/> INVOLUNTARY? <input type="checkbox"/>
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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EMPLOYER/COMPANY	
ADDRESS (CITY, STREET, ZIP)	PHONE
STARTING JOB TITLE	STARTING SALARY/WAGE
LAST JOB TITLE	FINAL SALARY/WAGE
DATES EMPLOYED (MO./YR.) FROM: TO:	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	VOLUNTARY? <input type="checkbox"/> INVOLUNTARY? <input type="checkbox"/>
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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EMPLOYER/COMPANY	
ADDRESS (CITY, STREET, ZIP)	PHONE
STARTING JOB TITLE	STARTING SALARY/WAGE
LAST JOB TITLE	FINAL SALARY/WAGE
DATES EMPLOYED (MO./YR.) FROM: TO:	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	VOLUNTARY? <input type="checkbox"/> INVOLUNTARY? <input type="checkbox"/>
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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EMPLOYER/COMPANY	
ADDRESS (CITY, STREET, ZIP)	PHONE
STARTING JOB TITLE	STARTING SALARY/WAGE
LAST JOB TITLE	FINAL SALARY/WAGE
DATES EMPLOYED (MO./YR.) FROM: TO:	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	VOLUNTARY? <input type="checkbox"/> INVOLUNTARY? <input type="checkbox"/>
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATION AND TRAINING

SCHOOL	NAME, CITY AND STATE FOR EACH SCHOOL	NUMBER OF YRS COMPLETED	GRADUATED?	MAJOR OR COURSE TYPE
HIGH SCHOOL				
COLLEGE				
ADDITIONAL TRAINING				

INDICATE WITH AN "X" YOUR EXPERIENCE IN THE FOLLOWING:

- DATA ENTRY CASHIERING
 RECEPTION TYPING _____ WPM
 CUSTOMER SERVICE MAINTENANCE/REPAIR

ANIMAL SERVICES (AS EMPLOYEE OR VOLUNTEER):

- ANIMAL HANDLING GROOMING
 KENNEL CLEANING ANIMAL BEHAVIOR
 VET TECHNICIAN ANIMAL WELFARE

ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT? YES NO COMPANY NAME: _____

IF YES, PLEASE EXPLAIN: _____

PERMISSION TO WORK

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

IF EMPLOYMENT IS OFFERED, CAN YOU PRODUCE IDENTIFICATION SUCH AS A U.S. PASSPORT, A DRIVER'S LICENSE, A PHOTOGRAPHIC IDENTIFICATION CARD ISSUED BY THE STATE, OR OTHER INS-APPROVED IDENTIFICATION DOCUMENT? YES NO

IF EMPLOYMENT IS OFFERED, CAN YOU SUBMIT A BIRTH CERTIFICATE, SOCIAL SECURITY CARD, CERTIFICATE OF U.S. CITIZENSHIP, OR OTHER INS-APPROVED VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES NO

CRIMINAL CONVICTION RECORD

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR FELONY WITHIN THE LAST 5 YEARS? YES NO IF YES, STATE DETAILS AND DATES: _____

(AN AFFIRMATIVE ANSWER WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.)

PHYSICAL LIMITATIONS - EMERGENCY NOTIFICATION DESIGNATION

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMODATION? YES NO

PLEASE DESCRIBE ANY ACCOMODATIONS REQUIRED: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

MILITARY SERVICE

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? YES NO

WHICH BRANCH? _____

DATES OF DUTY (MO./YR.) FROM _____ TO _____

RANK AT SEPARATION _____

INDICATE ANY SPECIAL JOB RELATED TRAINING RECEIVED: _____

CAREER OBJECTIVE

WHY ARE YOU INTERESTED IN WORKING FOR AGGIE PET ZONE?

REFERRAL SOURCE - CHECK ONE

WALK-IN APPLICANT..... <input type="checkbox"/>	AGENCY/ORGANIZATION..... <input type="checkbox"/>
FRIEND..... <input type="checkbox"/>	NAME.....
NEWSPAPER AD..... <input type="checkbox"/>	EMPLOYEE REFERRAL..... <input type="checkbox"/>
SCHOOL/COLLEGE..... <input type="checkbox"/>	NAME.....
NAME.....	
OTHER.....	

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true to the best of my knowledge. I also agree that any falsified information or significant omission may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I hereby agree to submit any lawful drug, integrity, or skills testing that may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I further agree to submit to search of my person or any locker or work area that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

I understand that this application is valid for 6 months; I will reapply after that time if I am still interested in employment. I also understand that my employment is terminable-at-will, and that this application is not, and it not intended to be, a contract for continued employment.

SIGNATURE _____ DATE _____