



## APPLICATION FOR EMPLOYMENT EQUAL OPPORTUNITY EMPLOYER

Petsway does not discriminate on the basis of race, religion, color, national origin, sex, age military obligation or disability, or any other characteristic protected by law.

PLEASE COMPLETE IN FULL (EVEN IF A RESUME IS ATTACHED)				
LAST NAME	FIRST NAME	MI	HOME PHONE:	
STREET ADDRESS			MOBILE:	
CITY	STATE	ZIP	EMAIL:	
HAVE YOU WORKED FOR GENERAL PET, PET WAREHOUSE OR PETSWAY BEFORE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	WHERE? WHEN?
ARE YOU AGE 18 OR OLDER?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU HAVE ANY MEMBER OF YOUR HOUSEHOLD WORKING FOR A COMPETING PET RETAILER OR WHOLESALER?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
DO YOU HAVE ANY RELATIVES EMPLOYED BY PETSWAY?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	RELATIONSHIP/LOCATION
HOW DID YOU LEARN OF OUR EMPLOYMENT OPPORTUNITIES?				

POSITION APPLYING FOR	PAY EXPECTED	GEOGRAPHIC LOCATION PREFERRED
WHAT DATE CAN YOU BEGIN WORK?	ARE YOU SEEKING? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER	

HOURS YOU ARE AVAILABLE TO WORK (SPECIFY A.M. OR P.M.)	ARE YOU AVAILABLE TO WORK?
SUNDAY	THURSDAY
MONDAY	FRIDAY
TUESDAY	SATURDAY
WEDNESDAY	
	EVENINGS      YES <input type="checkbox"/> NO <input type="checkbox"/> WEEKENDS      YES <input type="checkbox"/> NO <input type="checkbox"/> OVERTIME      YES <input type="checkbox"/> NO <input type="checkbox"/> HOLIDAYS      YES <input type="checkbox"/> NO <input type="checkbox"/>

PLEASE LIST ANY SKILLS OR SPECIAL TRAINING (10-KEY, COMPUTER HARDWARE/SOFTWARE, FORKLIFT OPERATION, PET EXPERIENCE, ETC.) YOU HAVE.

EDUCATION				
SCHOOL	NAME AND LOCATION	AREA OF STUDY	YEARS COMPLETED	DEGREE/CERTIFICATE
HIGH SCHOOL				
COLLEGE/TRADE				
OTHER				

<b>EMPLOYMENT HISTORY</b>	
IT IS THE POLICY OF PETSWAY TO VERIFY PREVIOUS EMPLOYMENT. WITH THE EXCEPTION OF YOUR CURRENT EMPLOYER ALL OTHER EMPLOYERS MAY BE CONTACTED.	
HAVE YOU EVER BEEN KNOW BY ANY OTHER NAME? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHAT NAME:	

INDICATE ALL POSITIONS HELD DURING THE LAST FIVE (5) YEARS. BEGIN WITH MOST RECENT EMPLOYER – INCLUDE ANY MILITARY EXPERIENCE HERE. ATTACH AN ADDITIONAL SHEET IF NECESSARY.

<b>1</b>	COMPANY NAME		TELEPHONE
ADDRESS		SUPERVISOR'S NAME/TITLE	
DATES EMPLOYED (MONTH/YEAR)		PAY RATE	JOB TITLE
FROM	TO	START	END
RESPONSIBILITIES		REASON FOR LEAVING (BE SPECIFIC)	
ARE YOU ELIGIBLE TO BE REHIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, PLEASE EXPLAIN	

<b>2</b>	COMPANY NAME		TELEPHONE
ADDRESS		SUPERVISOR'S NAME/TITLE	
DATES EMPLOYED (MONTH/YEAR)		PAY RATE	JOB TITLE
FROM	TO	START	END
RESPONSIBILITIES		REASON FOR LEAVING (BE SPECIFIC)	
ARE YOU ELIGIBLE TO BE REHIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, PLEASE EXPLAIN	

<b>3</b>	COMPANY NAME		TELEPHONE
ADDRESS		SUPERVISOR'S NAME/TITLE	
DATES EMPLOYED (MONTH/YEAR)		PAY RATE	JOB TITLE
FROM	TO	START	END
RESPONSIBILITIES		REASON FOR LEAVING (BE SPECIFIC)	
ARE YOU ELIGIBLE TO BE REHIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, PLEASE EXPLAIN	

<b>4</b>	COMPANY NAME		TELEPHONE
ADDRESS		SUPERVISOR'S NAME/TITLE	
DATES EMPLOYED (MONTH/YEAR)		PAY RATE	JOB TITLE
FROM	TO	START	END
RESPONSIBILITIES		REASON FOR LEAVING (BE SPECIFIC)	
ARE YOU ELIGIBLE TO BE REHIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, PLEASE EXPLAIN	

**REFERENCES**

PLEASE LIST TWO (2) REFERENCES NOT RELATED TO YOU AND NOT EMPLOYED BY THIS COMPANY.

<b>1</b>	NAME	PHONE	EMPLOYER		
	ADDRESS	CITY	STATE	ZIP	
<b>2</b>	NAME	PHONE	EMPLOYER		
	ADDRESS	CITY	STATE	ZIP	

**DRIVING RECORD – ALL APPLICANTS MUST COMPLETE THIS SECTION**

DO YOU HAVE A VALID DRIVER'S LICENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, IS IT VALID FOR COMMERCIAL DELIVERY IN MISSOURI?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAS YOUR LICENSE EVER BEEN SUSPENDED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, WHY AND WHEN?		
CAN YOU DRIVE A MANUAL TRANSMISSION VEHICLE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DRIVER'S LICENSE #	CLASS	STATE
LIST ALL MOVING VIOLATIONS YOU HAVE RECEIVED IN THE PAST 3 YEARS			LIST ALL ACCIDENTS YOU HAVE BEEN INVOLVED IN DURING THE PAST 3 YEARS		
DATE	VIOLATION	CONVICTED?	DATE	VIOLATION	YOUR FAULT?
		YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>

**HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME?** YES  NO

If yes, provide date and explanation:

**SIGNATURE**

By signing this application for employment, I certify that I have read and understand all parts of it and certify that I have truthfully and completely answered all questions. I understand that any falsification or willful omission will be grounds for refusal of employment or immediate termination, regardless of when such falsification may be discovered.

I authorize the investigation of information given on my application including education, employment history, criminal conviction records, driving records, and all other aspects of my background. I also release Petsway and their representatives, as well as former employers, from any liability for damage arising from any such investigation.

I understand that as a condition of employment at Petsway, I will be tested for the presence of illegal drugs and that I will be responsible for the cost of that testing to be reimbursed on my first payroll check in the event that the test does not indicate a positive result or any adulteration. I also understand that if I refuse to submit to testing, or if my test is confirmed positive or indicates adulteration, I will be denied employment, and if I have already been hired, I will be terminated immediately and will not be reimbursed the cost of that drug test.

I understand that my employment is for no definite period of time, and that it may be terminated at will by me or Petsway at any time, with or without cause.

Furthermore, I understand that the information provided by me regarding my driving record will be verified by my MVR, and providing false information or having an accident while employed may be grounds for termination.

Signature	Date
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**OFFICE USE ONLY**

Applicant, do not mark on this page.

INTERVIEW NOTES/COMMENTS

INTERVIEWED BY

HIRED? YES  NO

ADDITIONAL COMMENTS

POSITION APPLIED FOR

LOCATION

STARTING WAGE (IF HIRED)

STARTING DATE

I HAVE COVERED THE APPLICABLE JOB DESCRIPTION WITH THE APPLICANT AND THEY HAVE SIGNED AND UNDERSTAND THE REQUIREMENTS OF THE POSITION

INITIAL

I HAVE INFORMED THE APPLICANT OF PETSWAY POLICY OF A DRUG FREE WORKPLACE AND THAT THEIR EMPLOYMENT IS CONTINGENT UPON NEGATIVE RESULTS FROM A PRE-EMPLOYMENT DRUG SCREEN. FURTHER, THEY ARE REQUIRED TO PAY A \$20.00 FEE (CASH OR CHECK) AT THE TIME OF THAT DRUG SCREEN AND A POSITIVE RESULT WILL MAKE THEM INELIGIBLE FOR EMPLOYMENT AND THE FEE WILL NOT BE REFUNDED TO THEM. THE FEE WILL BE REFUNDED ON THEIR FIRST PAYROLL CHECK IF THE RESULT IS NEGATIVE.

INITIAL

DATE/TIME SCHEDULED FOR DRUG TEST

INTERVIEWER'S SIGNATURE

DATE