			Pet	200	Alaska – Exclus	Application			
					EST. PHY	**			
NOTE: PLEASE ASK IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION INFORMATION									
LAST NAME:		F	IRST NAME:			MIDDLE IN.:			
PRESENT ADDRESS:		С	CITY:		STATE:	ZIP:			
HOME PHONE:		W	WORK: EMAIL:						
POSITION APPL	POSITION APPLIED FOR:		DATE AVAILABLE FOR WORK:						
AVAILABLE:	☐ Days ☐ Evenings ☐ Nigh	nts	APPLYING FOR: □ F		ull-Time □ Part-Time □ Temporary				
Will visa or immigra	ation status prevent lawful employment?	[☐ Yes ☐ No (Pro	of of righ	t to work in the U.S. will be	e required, if hired.)			
Are you 18 years or older? Yes No (If no, employment is subject to minimum legal age requirements.)									
Do you have a Non-Compete, Non-Disclosure, or other agreement that might restrict your employment with us? Yes No									
Have you ever pre	viously applied to or been employed by th	nis (company? Yes	□ No	If Yes, when?				
How did you learn	about this position opening?								
Were you known by any other name at any job or school listed on this application? What name(s)?									
At which school(s)	/employer(s) were you known by this othe	er n	name?						
Are you able to pe accommodations?	rform the essential functions of this position \Box Yes \Box No	on 1	for which you are apply	ing, eith	er with or without reaso	onable			
		Εľ	DUCATION						
	Name and Location of Scho	ol	Year Comple		Did you graduate?	Degrees Received			
High School									
College									
Trade, Business, or Graduate									
school									
			SKILLS						
 □ Typing – wpm □ Ten-key □ Bookkeeping □ Receptionist – # Incoming Lines □ Other □ Supervision – Yrs of Experience Proficient at: □ Excel □ Word □ Access □ PowerPoint □ Outlook □ Other computer skills/experience: Indicate other skills related to the position you are seeking: 									
		-							

Pet Zoo Alaska – Exclusively Alaskan Application

EMPLOYMENT RECORD (INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED)

Please list your employment history below beginning	g with the most recent employer, includ	e U.S. military service.
If currently employed, may we contact your employed	er?	
Employer	Type of Business	Telephone ()
City	State	Fax ()
Job Title	Supervisor	Telephone ()
Dates Employed From To	Reason for Leaving	
Duties		
Employer	Type of Business	Telephone ()
City	State	Fax ()
Job Title	Supervisor	Telephone ()
Dates Employed From To	Reason for Leaving	
Duties		
Employer		Telephone ()
City	State	Fax ()
Job Title	Supervisor	Telephone ()
Dates Employed From To	Reason for Leaving	
Duties		
Employer		Telephone()
City	State	Fax ()
Job Title	Supervisor	Telephone ()
Dates Employed From To	Reason for Leaving	
Duties		
I certify that the information given by me is true and co gave false information during the application process m		rstand that if I am employed, the discovery that I
I authorize Animal <u>Supply Company (ASC)</u> and Pet Zoo from previous employers, educational institutions, and concerning my work and work habits. Further, I releatinformation from all claims, liabilities, and damages for Zoo from any liability for future references it may provide	references. I expressly authorize my previous ase all parties (including ASC and Pet Zoo whatever reason, arising out of furnishing an	us employers to provide information and opinions b) and persons connected with any requests for ry information. If employed, I release ASC and Pet
Due to the large number of applications ASC and Pet considered for any or all-open positions they or the Con		
In the event of employment, I understand that I am requ that my employment and compensation may be termina		
Applicant Signature	Date	

Application

DRUG AND ALCOHOL POLICY

Animal Supply Company (ASC) & Pet Zoo (the Company) are committed to producing products of the highest quality and providing a safe and productive work environment for employees. Consistent with this commitment is our policy to maintain a drug and alcohol-free workplace. To help maintain this environment, we have implemented a preemployment drug screening program. Under this program, all job applicants and temporary employees may be required to submit to a urinalysis exam conducted by an independent laboratory of our choice. A negative result will be a condition of employment. Any applicant or new hire that tests positive will be ineligible to work and may not reapply for a position within six months.

By signing below, I hereby consent to testing for the presence of unauthorized drugs and alcohol, and I authorize the release of the test results to the Company. I also authorize the Company, the laboratory, to obtain any necessary medical information from my physician, treating hospital, or other treating health or substance abuse professional. I hereby release the Company from any and all claims, demands, or liabilities that may arise in connection with the administration of the test or use of the test results.

I fully understand that any offer of employment or temporary placement is contingent on my successfully passing the screening process, and that any misrepresentation or attempt to tamper with the sample submitted may be grounds for disciplinary action, including dismissal, if I am employed or temporarily placed.

Applicant Printed Name		
Applicant Signature	Date	