

EMPLOYMENT APPLICATION

**Pet Resorts of America, LLC**

Date \_\_\_\_\_

Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_  
 (Last) (First) (Middle)

Current Address \_\_\_\_\_ Driver's Lic # \_\_\_\_\_  
 (House Number and Street) State Issuing Driv. Lic. \_\_\_\_\_  
 (City) (State) (Zip Code)

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

For what type of work are you applying? \_\_\_\_\_ Full time \_\_\_\_ Part Time \_\_\_\_

Are there any restrictions on the days or hours that you would be available to work? Yes No

If yes, please list the days or hours \_\_\_\_\_

How many hours a week do you want to work? \_\_\_\_\_

What rate of pay would be acceptable to you? \_\_\_\_\_

If you are under the age of 18, give date of birth \_\_\_\_\_

Do you have other current employment? Yes \_\_\_\_ No \_\_\_\_

If currently employed, may we contact your present employer? Yes \_\_\_\_ No \_\_\_\_

Have you previously served in the Military? Yes \_\_\_\_ No \_\_\_\_

Have you ever been convicted of a misdemeanor or a felony? Yes \_\_\_\_ No \_\_\_\_

If yes, describe conditions including offense, date convicted, where convicted, and fine and/or sentence

Do you consent to a full background check to verify employment, criminal and credit history? Yes \_\_\_\_ No \_\_\_\_

Pet Resorts is a Drug Free Workplace. Do you consent to a drug test prior to employment? Yes \_\_\_\_ No \_\_\_\_

**EMPLOYMENT RECORD**

Record of Past Employment (Give present or last job first. Attach a separate sheet or use back if necessary)

Time Employed (Month/Year)	Company Name, Address Phone No. & Supervisor	Job Title Description of Duties	Reason for Leaving	Pay
From:	Company _____ Address _____			
To:	Phone _____ Supervisor _____			
From:	Company _____ Address _____			
To:	Phone _____ Supervisor _____			

**EDUCATION**

	Name & Location of School	Year Graduated	Major	Degree/ Diploma	G.P.A.
High School					
College/Univ.					

**PERSONAL REFERENCES**

Name	Address	Occupation	Telephone (Daytime)

*If you have prepared a Resume, it should be attached to supplement this Application*

**CERTIFICATION AND AUTHORIZATION** (Please read the following paragraph carefully before signing)

I certify that the information I have provided is true and correct to the best of my knowledge and belief. I understand that false information or omissions will be sufficient cause for refusal to employ or immediate dismissal.

I understand that the use of this application does not mean that there are positions open and in no way obligates Pet Resorts of America (the "Company"). I understand that no manager or representative of the Company, other than the President, has any authority to enter into any employment contracts. I understand that if I am employed by the Company, it will be as an employee-at-will; which means that either party can terminate the employment relationship at any time, with or without cause, with or without notice. Furthermore, the Company has the right to change my duties, the location of my employment, or any other terms and conditions of my employment. I authorize the Company to investigate my employment, personal history, credit, personal characteristics, and general reputation. In connection with this investigation, I authorize all corporation, companies, credit agencies, educational institutions, individuals, law enforcement agencies, and former employers to release information they may have about me and release them from any liability or responsibility from doing so. This authorization in original or copy form shall be valid for this and any future investigation conducted by the Company. I am aware that if I am denied employment based on a report by a consumer reporting agency, the Company will furnish the name and address of such agency upon my written request.

**Pet Resorts of America is a "Tennessee Drug Free Workplace."**

I acknowledge that I will be required to submit to alcohol or drug screenings as a condition of employment or on a random basis or for cause, as the Company shall determine. I further acknowledge that failure to submit to a request for an alcohol and/or drug screen will preclude me from consideration for employment or shall be cause for my immediate dismissal from employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant