

CLYDE'S FEED & ANIMAL CENTER

351 UNION ST.
HAMBURG NY 14075
648-2171 PHONE
648-0168 FAX

APPLICATION FOR EMPLOYMENT

This application for employment shall be considered active for a period of time not to exceed 45 days from the date of this application.

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For	Date Applied
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other	

Last Name	First Name	Middle Initial
Address	Street	City
		State
		Zip Code
Telephone Number (s)		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Do you have previous employment experience?

Yes No

Are you currently employed?

Yes No

On what date would you be available for work? _____

Are you available to work:

Full Time Part-Time Temporary

Have you been convicted of a felony within the last 7 years?

Yes No

(A conviction record will not necessarily be a bar from employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account)

If Yes, Please explain: _____

Hours You Can Work		
	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Total hours available per week: _____

Preferred hours per week: _____

EDUCATION

	Name And Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
College/Other				

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your current or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer #1		<u>Dates Employed</u> From _____ To _____		Work Performed	
Address					
Telephone Number(s)		Hourly Rate/Salary			
Job Title	Supervisor				
Reason For Leaving					
Employer #2		<u>Dates Employed</u> From _____ To _____		Work Performed	
Address					
Telephone Number(s)		Hourly Rate/Salary			
Job Title	Supervisor				
Reason For Leaving					

Please indicate by number _____ any of the above employers whom you **DO NOT** wish us to contact.

APPLICANT'S STATEMENT

IT IS VERY IMPORTANT THAT YOU READ THIS SECTION CAREFULLY, AND THAT YOU FULLY UNDERSTAND IT BEFORE YOU SIGN IT. THIS SECTION AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS PLEASE ASK BEFORE YOU SIGN THIS APPLICATION.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for employment beyond this time period I should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Proof of citizenship or immigration status will be required upon employment.

Signature of Applicant _____ Date _____

CONSENT & AUTHORIZATION TO RELEASE EMPLOYMENT/EDUCATIONAL INFORMATION

I, _____, understand and agree that Clyde's Feed & Animal Center; their subsidiaries, or any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.

Signature _____ Date _____