



Locally Owned
& Operated

EMPLOYMENT APPLICATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone ()		Cell ()			
Date Available		Last 4 Digits of Social Security No.			
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

PREVIOUS EMPLOYMENT							
Company				Phone ()			
Address				Supervisor			
Job Title		Starting Salary \$		Ending Salary		\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Company				Phone ()			
Address				Supervisor			
Job Title		Starting Salary \$		Ending Salary		\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Company				Phone ()			
Address				Supervisor			
Job Title		Starting Salary \$		Ending Salary		\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Hours Available to Work Sun: Mon: Tues: Wed: Thurs: Fri: Sat:							
DISCLAIMER AND SIGNATURE							
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Pet Depot is an equal opportunity employment company. We are dedicated to a policy of non-discrimination in employment on any basis including Race, Color, Age, Sex, Religion, National Origin, or Physical Handicap.							
Signature				Date			
FOR OFFICE USE ONLY							
Date Hired:		Position:		Pay Rate:			
Approved by:		Store Mgn:		Dept Head:		District Mgn:	
In case of Emergency Notify:		Name:		Address:		Phone:	

Pet Depot

Background Check Consent Form

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my application is complete, true, and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of residence.

In consideration of Pet Depot’s review of my application, I hereby voluntarily consent to and authorize Pet Depot, or its authorized agents bearing this release or copy thereof, to obtain a consumer report both pre and post employment. I agree that this consumer report may include any of the following:

- Employment Verification, Education Verification, Credentials Verification, Personal Identity Verifications, Past Employment Verification, Reference Checks, Criminal Records, Civil Cases, Motor Vehicle Records, Credit Report

I authorize all persons and organizations that may have information relevant to this research to disclose such information to Pet Depot or its authorized agents. I hereby release Pet Depot, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant state law. I hereby certify that I have been informed of my rights.

Signature of Applicant Date

Printed Name Maiden Name(s)

Date of Birth _____ Social Security Number _____

Driver License Number and State of Issue _____

Current Address

Previous Address(es)

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EMPLOYER TO CHECK SERVICES TO BE COMPLETED:
 _____ Alabama Statewide Criminal _____ Peer Credit Report
 _____ Statewide Criminal _____ Previous Employment Verification
 _____ County Criminal _____ Reference Verification
 _____ Social Security Trace _____ Workman Comp
 _____ Motor Vehicle Report _____ Education Verification
 _____ Sexual Offender Registry _____ OIG Exclusions

State(s) _____ County _____