

12823 Foothill Blvd.
Sylmar, CA 91340
(818)898-9599

Pet Supreme, Inc.

PERSONAL INFORMATION

NAME (Last Name First) _____ SSN: _____ DATE _____

ADDRESS _____ CITY _____ ZIP CODE _____

PHONE # () _____ IF UNDER 18, PLEASE STATE DATE OF BIRTH / /

IF UNDER 18, ARE YOU ABLE TO SUPPLY PET SUPREME WITH A VALID WORK PERMIT? YES NO

EMPLOYMENT INFORMATION

POSITION DESIRED _____ SALARY/PAY REQ. \$ _____ AVAILABLE TO START _____

EMPLOYMENT DESIRED FULL TIME PART TIME SEASONAL

MAX. HOURS A WEEK _____ MIN. HOURS A WEEK _____

AVAILABILITY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

HOW WERE YOU REFERRED TO PET SUPREME? _____

WORK EXPERIENCE (List last four employers, most recent first)

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER & PHONE #	POSITION/ RESP.	PAY RATE	REASON FOR LEAVING
FROM			START	
TO			END	
FROM			START	
TO			END	
FROM			START	
TO			END	
FROM			START	
TO			END	

HAVE YOU PREVIOUSLY WORKED FOR PET SUPREME? YES NO

POSITION HELD _____ DATES EMPLOYED: FROM _____ TO _____

REASON FOR LEAVING _____

EDUCATION HISTORY

COMPLETION OF HIGH SCHOOL 9TH 10TH 11TH 12TH COMPLETION OF COLLEGE 1ST 2ND 3RD 4TH

HIGH SCHOOL _____ GRADUATION DATE _____

COLLEGE/TECHNICAL SCHOOL	GRADUATION DATE			
SUBJECTS STUDIED/MAJOR				
SPECIAL TRAINING/SKILLS				
LEGAL				
ARE YOU ELIGIBLE OR HAVE A LEGAL RIGHT AND NECESSARY DOCUMENTS TO WORK IN THE U.S? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WERE YOU EVER DISCHARGED BY ANY COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE NAME OF COMPANY(S) AND REASON FOR DISCHARGE				
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, EXPLAIN NUMBER OF CONVICTION(S), HOW RECENTLY SUCH OFFENSE(S) WAS/WERE COMMITTED, SENTENCE(S) IMPOSED AND TYPE(S) OF REHABILITATION				
REFERENCES (PROVIDE THE NAMES OF THREE PERSONS WHO ARE NOT RELATED TO YOU (BESIDES PRIOR EMPLOYERS) WHO YOU HAVE KNOWN FOR AT LEAST ONE YEAR)				
NAME	BUSINESS	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN

AUTHORIZATION

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR TERMINATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME. THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITY ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS. I UNDERSTAND AND AGREE THAT, IF EMPLOYED, THE EMPLOYMENT WILL BE “AT WILL.” THAT IS, EITHER I OR PET SUPREME MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON, OR FOR NO REASON. I UNDERSTAND THAT RECEIPT OF THIS APPLICATION BY PET SUPREME DOES NOT IMPLY EMPLOYMENT AND THAT THIS APPLICATION AND/OR ANY OTHER PET SUPREME DOCUMENTS ARE NOT CONTRACTS OF EMPLOYMENT.”

SIGNATURE

DATE
