



# EMPLOYMENT APPLICATION

## APPLICANT INFORMATION

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)  
\_\_\_\_\_

.....  
**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 \_\_\_\_\_