

Application for Employment

Pre-Employment Questionnaire
Equal Opportunities Employer

Personal Information

Date _____

Name		Date of Birth	Social Security No.
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.	Secondary Phone No.	Referred By	
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE EXPLAIN:			
GIVE THE NAME AND RELATIONSHIP OF ANY RELATIVES YOU HAVE WHO WORK FOR THE COMPANY			

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN	
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN	NAME OF LAST SUPERVISOR AT THIS COMPANY
REASON FOR LEAVING		
HOW DID YOU FIND OUT ABOUT THIS POSITION?		

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information

ACTIVITIES & SPECIAL SKILLS

Former Employers (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

References

NAME	ADDRESS	BUSINESS	PHONE



TARGETED PET TREATS 151 STRUTHERS STREET WARREN, PA 16365 PHONE: 814-406-7351 FAX: 814-406-7352

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired, regardless of when such information is discovered.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any persons or organizations providing information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement you will be notified.)
4. I understand that prior to my employment I may be asked to sign a background check consent form or other documentation in order to facilitate my hiring. I agree to sign these forms.
5. I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.
6. This company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. The Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.
7. Regardless of whether or not I become employed by the company, I recognize that this application is to and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signature of Applicant: _____

Date: _____

PLEASE READ THE FOLLOWING EIGHT (8) STATEMENTS CAREFULLY, INITIAL EACH ONE WHERE INDICATED AND SIGN THE APPLICATION.

1. I AUTHORIZE TARGETED PET TREATS TO INVESTIGATE ALL STATEMENTS IN THIS APPLICATION AND TO SECURE ANY NECESSARY INFORMATION FROM ALL MY EMPLOYERS, REFERENCES, AND ACADEMIC INSTITUTIONS. I HEREBY RELEASE ALL OF THOSE EMPLOYERS, REFERENCES, ACADEMIC INSTITUTIONS, AND TARGETED PET TREATS FROM ANY AND ALL LIABILITY ARISING FROM THEIR GIVING OR RECEIVING INFORMATION ABOUT MY EMPLOYMENT HISTORY, MY ACADEMIC CREDENTIALS OR QUALIFICATIONS, AND MY SUITABILITY FOR EMPLOYMENT WITH TARGETED. _____ INITIALS
2. I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON RECEIPT OF A SATISFACTORY REPORT CONCERNING MY EMPLOYMENT HISTORY, EDUCATION, REFERENCES, AND PHYSICAL EXAMINATION. _____ INITIALS
3. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS WILL BE SUFFICIENT CAUSE FOR REJECTION OF MY APPLICATION OR FOR IMMEDIATE DISMISSAL IF TARGETED PET TREATS HAS EMPLOYED ME BEFORE THE ERROR IS DISCOVERED. _____ INITIALS
4. I AUTHORIZE TARGETED PET TREATS TO SUPPLY INFORMATION ABOUT MY EMPLOYMENT RECORD, IN WHOLE OR IN PART, IN CONFIDENCE TO ANY PROSPECTIVE EMPLOYER, GOVERNMENT AGENCY, OR OTHER PARTY HAVING A LEGAL AND PROPER INTEREST, AND I HEREBY RELEASE TARGETED PET TREATS FROM ANY AND ALL LIABILITY FOR ITS PROVIDING THIS INFORMATION. _____ INITIALS
5. I UNDERSTAND THAT AS PART OF MY PRE-EMPLOYMENT PHYSICAL EXAMINATION I WILL BE REQUIRED TO SUBMIT A SAMPLE OF MY URINE OR BLOOD FOR TESTING FOR ILLEGAL DRUGS. I AGREE TO PROVIDE SUCH SPECIMENS AS REQUESTED AND RELEASE TARGETED PET TREATS AND ITS AGENTS FROM ANY LIABILITY ARISING FROM THIS REQUEST. I UNDERSTAND THAT A POSITIVE TEST WILL RESULT IN REJECTION OF MY APPLICATION. _____ INITIALS
6. IN THE EVENT OF MY EMPLOYMENT WITH TARGETED PET TREATS I WILL COMPLY WITH ALL RULES, REGULATIONS, AND POLICIES SET FORTH IN THE TARGETED PET TREATS POLICY MANUAL OR OTHER COMMUNICATIONS DISTRIBUTED BY TARGETED PET TREATS.
7. I UNDERSTAND THAT IF I AM EMPLOYED, TARGETED PET TREATS MAY REQUIRE ME TO SUBMIT A SAMPLE OF MY URINE OR BLOOD FOR TESTING FOR ILLEGAL DRUGS AND ALCOHOL AT ANY TIME THAT IT HAS CAUSE TO BELIEVE I AM IMPAIRED OR AT ANY TIME THAT I AM INVOLVED IN AN INDUSTRIAL ACCIDENT. I AGREE TO PROVIDE SUCH SPECIMENS AS REQUESTED AND RELEASE TARGETED PET TREATS AND ITS AGENTS FROM ANY LIABILITY ARISING FROM THIS REQUEST. I UNDERSTAND THAT A POSITIVE TEST WILL RESULT IN TERMINATION OF MY EMPLOYMENT. _____ INITIALS
8. I UNDERSTAND THAT NOTHING IN THIS EMPLOYMENT APPLICATION, IN TARGETED PET TREATS POLICY STATEMENTS OR PERSONNEL GUIDELINES, OR IN MY COMMUNICATIONS WITH ANY TARGETED PET TREAT OFFICIAL IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN TARGETED PET TREATS AND ME. I ALSO UNDERSTAND THAT TARGETED PET TREATS HAS THE RIGHT TO MODIFY ITS POLICIES WITHOUT GIVING ME ANY NOTICE OF THE CHANGES. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PROMISE OR GUARANTEE IS BINDING UPON TARGETED PET TREATS UNLESS IT IS MADE IN WRITING AND SIGNED BY AN OFFICER OF TARGETED PET TREATS. I UNDERSTAND THAT IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON. I ALSO UNDERSTAND THAT TARGETED PET TREATS RETAINS THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON. _____ INITIALS

SIGNATURE _____

DATE _____