

Burton's **TOTAL PET!**

EMPLOYMENT APPLICATION

DATE: __/__/__

PERSONAL (please print using ball point pen)				
LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER ()
ADDRESS		CITY	STATE	ZIP +4
PERMANENT ADDRESS		CITY	STATE	ZIP +4
Transportation:	ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF UNDER 18, LIST DATE OF BIRTH MONTH/DAY/YEAR __/__/__	HAVE YOU EVER APPLIED TO A BURTON'S TOTAL PET BEFORE? <input type="checkbox"/> YES YES - DATE: _____ LOCATION: _____ <input type="checkbox"/> NO	

EMPLOYMENT INTEREST	
TYPE OF EMPLOYMENT YOU ARE SEEKING: <input type="checkbox"/> FULL TIME (35-40 hours per week) <input type="checkbox"/> PART TIME (30 hours or less)	I PREFER TO WORK THE FOLLOWING: <small>(ALL EMPLOYEES ARE EXPECTED TO WORK SOME NIGHTS AND WEEKENDS. HOURS ARE APPROXIMATELY 8AM TO 11PM.)</small> SHIFT: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> EITHER/BOTH MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY FROM: _____ TO: _____
DATE AVAILABLE FOR WORK: MONTH/DAY/YEAR __/__/__ TOTAL HOURS EXPECTED: _____ WAGE EXPECTED: _____	

PLEASE NOTE THAT: ALL POSITIONS REQUIRE REPETITIVE LIFTING OF 40-50 POUNDS. INITIALS: _____

EMPLOYMENT HISTORY						
NAME AND ADDRESS OF EMPLOYER	FROM	TO	JOB DUTIES	REASON FOR LEAVING	WAGE	PHONE

EDUCATION			
NAME AND ADDRESS OF SCHOOL	TYPES OF COURSES OR PROGRAM STUDY	LENGTH OF COURSE	DATE COMPLETED

PET EXPERIENCE

DO YOU OWN ANY PETS? _____

DESCRIBE: _____

DO YOU HAVE ANY EXPERIENCE CARING FOR ANIMALS? _____

EXPLAIN: _____

HAVE YOU HAD ANY SPECIAL TRAINING RELATED TO PETS OR ANIMALS? _____

EXPLAIN: _____

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

NAMES OF OTHER EMPLOYEES IN THIS COMPANY WITH WHOM YOU ARE ACQUAINTED WITH:

HOW DID YOU KNOW OF THIS OPENING? _____

DRUG TESTING MAY BE REQUIRED OF ALL EMPLOYEES. WILL YOU SUBMIT TO A DRUG TEST? _____

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A TRAFFIC VIOLATION? _____

IF YES; EXPLAIN: _____

REFERENCES

GIVE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS/PHONE	BUSINESS	YEARS KNOWN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

STATEMENT OF ACCURACY (read carefully before signing)

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED WITHOUT ANY PREVIOUS NOTICE.

APPLICANT'S SIGNATURE: _____ DATE: __/__/__