



DATE _____

APPLICATION FOR EMPLOYMENT

TOBACCO USE & DRUG- FREE WORKPLACE Furry Beginnings policy is to promote good health among employees as well as provide a safe work environment.

DRUG TESTING for Furry Beginnings employees and contractors may be required in the event of reasonable suspicion, accident/incidents, or at random

TOBACCO use is prohibited during working hours (including during lunch and breaks)

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY # _____ DOB _____

ADDRESS _____

TELEPHONE NUMBER _____ CELL PHONE NUMBER _____

RELATIVES IN OUR EMPLOY _____ REFERRED BY _____

EMPLOYMENT DESIRED

POSITION APPLIED FOR: _____ SALARY DESIRED: _____ DATE YOU CAN START: _____

TYPE OF EMPLOYMENT DESIRED: FULL TIME PART TIME INDEPENDENT CONTRACTOR

ARE YOU CURRENTLY EMPLOYED? YES NO MAY WE CONTACT YOUR EMPLOYER? YES NO

If required, will you work? Rotating shifts YES NO Weekends YES NO Overtime YES NO

Can you perform the essential functions of this job with or without reasonable accommodations? YES NO

If **not** a U.S. Citizen, do you have a Visa or Immigration Status? YES NO

Have you ever plead guilty or "no contest" to or been convicted of a felony? YES NO

If yes, please explain: _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

EDUCATION

SCHOOL	NAME AND LOCATION	GRADUATED		MAJOR	YEARS COMPLETED	GPA
		YES	NO			
HIGH SCHOOL						
COLLEGE						
OTHER (SPECIFY)						

SKILLS please list any skills you have that are appropriate for the position you are applying for:

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job, the correct telephone numbers are appreciated

THE FOLLOWING MUST BE COMPLETED IN DETAIL *RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION*

Employer		Dates Employed				Key Responsibilities
		From		To		
Address		Mo	Yr	Mo	Yr	
Telephone Number ()		Supervisor Name and Title				
Job Title		Hourly Rate/Salary				
		Starting		Final		
		\$		\$		
Reason for Leaving Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Other <input type="checkbox"/>						
Please Explain						

Employer		Dates Employed				Key Responsibilities
		From		To		
Address		Mo	Yr	Mo	Yr	
Telephone Number ()		Supervisor Name and Title				
Job Title		Hourly Rate/Salary				
		Starting		Final		
		\$		\$		
Reason for Leaving Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Other <input type="checkbox"/>						
Please Explain						

Employer		Dates Employed				Key Responsibilities
		From		To		
Address		Mo	Yr	Mo	Yr	
Telephone Number ()		Supervisor Name and Title				
Job Title		Hourly Rate/Salary				
		Starting		Final		
		\$		\$		
Reason for Leaving Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Other <input type="checkbox"/>						
Please Explain						

PERSONAL REFERENCES: (Give the names of three persons not related to you whom you have known at least one year)

NAME	PHONE	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY, NOTIFY: _____

ADDRESS: _____ PHONE: _____

I authorize investigations of all statements contained in this application. I understand that all misrepresentation or omission of facts called for is cause for dismissal.

SIGNED: _____ DATE: _____

APPLICANT STATEMENT

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, Furry Beginnings, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employers, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Furry Beginnings does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, I have not heard from Furry Beginnings and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Furry Beginnings reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Furry Beginnings is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Furry Beginnings president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____