

Application for Employment



PERSONAL INFORMATION				
Name (Last, First, Middle)				Date of Application
Street Address		City	State	Zip
Telephone Number				
Have you ever been employed with Soldan's before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes →	If yes, please list location(s) and date(s).	If you are under 18 years of age can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number
				Are you 16 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Conviction will not necessarily disqualify an applicant from employment.</i>		If yes, please explain.		

EMPLOYMENT INFORMATION		
Position you are applying for: <input type="checkbox"/> Consumer Specialist <input type="checkbox"/> Direct Buy Warehouse (MLK store only) <input type="checkbox"/> Floor Stock <input type="checkbox"/> Animal or Fish Specialist <input type="checkbox"/> Retail Warehouse <input type="checkbox"/> Floor Supervisor	Hourly Wage Desired	Do you have a dependable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please check the days and list the hours you are available to work.		
<input type="checkbox"/> No Preference <input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____ <input type="checkbox"/> Friday _____ <input type="checkbox"/> Saturday _____ <input type="checkbox"/> Sunday _____		
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Full or Part Time	Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status is required upon employment by law.</i>		
State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills and qualifications from employment or other experience.		
Do not answer the following question if you have not been informed of the requirements for the job for which you are applying. Are you capable of performing, in a reasonable manner, the activities involved in the job for which you are applying? Please ask for a description of the activities involved if one is not attached. <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION				
	Name and Address of School	Course of Study	Last Grade Or Level Completed	Diploma or Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Please specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

EMPLOYMENT HISTORY

Please start with your present or last job. Include any job-related military service assignments and volunteer activities. Please exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer Name and Address		Dates Employed		Duties and Responsibilities
		From	To	
Hourly Rate/Salary				
From	To			
Job Title	Supervisor			Please list your reason for leaving.
Employer's Telephone Number		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Employer Name and Address		Dates Employed		Duties and Responsibilities
		From	To	
Hourly Rate/Salary				
From	To			
Job Title	Supervisor			Please list your reason for leaving.
Telephone Number		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

3. Employer Name and Address		Dates Employed		Duties and Responsibilities
		From	To	
Hourly Rate/Salary				
From	To			
Job Title	Supervisor			Please list your reason for leaving.
Telephone Number		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

REFERENCES Please list 3 references (not including relatives).

1.	_____	(Name)	_____	(Phone Number)	_____	(Relationship)
2.	_____	(Name)	_____	(Phone Number)	_____	(Relationship)
3.	_____	(Name)	_____	(Phone Number)	_____	(Relationship)

STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize Soldan's Feeds and Pet Supplies to verify all statements contained in this application for employment and to make any necessary reference checks except as limited above for my present employer.

This application for employment shall be considered active for a period of time not to exceed 60 days.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with Soldan's Feeds and Pet Supplies is of an "at will" nature, which means that the Employee may resign at any time and Soldan's Feeds and Pet Supplies may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of Soldan's Feeds and Pet Supplies specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of Soldan's Feeds & Pet Supplies.

Signature of Applicant

Date