



EMPLOYMENT APPLICATION

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Name:		Date:	
Last	First	Middle	
Contact Information:			
Street:	City:	State:	Zip:
Telephone:		E-Mail:	
If under 18, please list age:			
Position Applied For: Sales / Cashier Associate <input type="checkbox"/> Stock Associate <input type="checkbox"/> Driver <input type="checkbox"/> Can you lift and carry products 50 lbs. and above? <input type="checkbox"/> Yes <input type="checkbox"/> No		What days/hours are you available to work? Sunday_____ Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____ Saturday_____ Do you have any disabilities that would prevent you from performing job duties? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many hours can you work weekly?		Are you available to work on weekends?	
Employment Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either		What date are you available to begin work?	

EDUCATION & OTHER INFORMATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				

What Part of the City do you live? _____

Will you be able to travel to other Store locations? _____

Referred by _____ Store
 Name of person who spoke to you about application at the store Location

Have you ever been convicted of a crime? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Do you have a valid driver's license? Yes No
If no, please explain why.

Driver's License Number: _____ State of issue: _____
 Operator Commercial (CDL) Chauffeur

Exp. Date: _____ Have you had any moving violations/accidents during the past three years? []

MILITARY

Have you ever been in the military? Yes No

Are you a member of the national guard? Yes No

Employment History
Please list your work experience for the past five years beginning with your most recent job held.
If you were self-employed, give firm name. Attach additional sheets if necessary.

Company:	Phone Number:	Job Title:	Employment Dates From _____ To _____
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Address:	Supervisor Name:	Reason for leaving (be specific): _____ _____ _____
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List duties performed, skills used or learned, advancements or promotions while you worked at this company.

Company:	Phone Number:	Job Title:	Employment Dates From _____ To _____
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Address:	Supervisor Name:	Reason for leaving (be specific): _____ _____ _____
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List duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Address:	Supervisor Name:	Reason for leaving (be specific): _____ _____ _____
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List duties performed, skills used or learned, advancements or promotions while you worked at this company.



Applicant Form Waiver

(1) In exchange for the consideration of my job application by Detroit K9 (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Detroit K9, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Detroit K9 may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

(2) I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

(3) I also understand that the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; consent to and compliance with such policy is a condition of my employment; and continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Applicant Signature _____ **Date:** _____

Detroit K-9 is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

