



APPLICATION FOR EMPLOYMENT

Paw Commons is an Equal Opportunity Employer. All applicants and employees are considered for employment, development, advancement and earnings based upon their skills, performance and potential without regard to race, religion, sex, sexual preference, national origin, age, or disability. Paw Commons complies with the ADA and will consider reasonable accommodation measures that may be necessary for eligible applicants or employees to perform the essential functions of the job. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the Company at 619-299-2730.

Last	First	Middle	Today's Date:	
Current mailing address: Street Number and Name (no P.O. box)			Are you at least 18 years of age?	
			_____ Yes _____ No	
City	State	Zip	Home Phone: ()	
			Cell Phone: ()	
Permanent forwarding address (if different from above):				
Email address:				
Have you previously applied to or been employed by Paw Commons? ____ Yes ____ No If yes, when?				
How were you referred to Paw Commons?				
_____ Self _____ Craigslist _____ Employee Referral _____ Agency _____ Other (please explain:)				
Names of relatives employed at Paw Commons:			Relationship:	
Type of position applying for:			Salary desired:	Date available:
Are you able to perform the essential functions of this position with reasonable accommodation? ____yes ____no				
Type of employment (please check as appropriate):				
_____ Full Time _____ Part Time				
Please indicate shifts you are willing to work:			Check all days available for work:	
_____ Morning _____ Afternoon _____ Evening			____M ____Tu ____W ____Th ____F ____Sa ____Su	
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country				
_____ Yes _____ No				

LIST BELOW YOUR EDUCATION BACKGROUND, INCLUDING HIGH SCHOOL, ALL COLLEGES, TRADE AND MILITARY SERVICE SCHOOLS

Indicate last level of education completed:

High School: __ 9 __ 10 __ 11 __ 12 __ GED

College or University: __ 1 __ 2 __ 3 __ 4

Trade School: __ 1 __ 2 __ 3 __ 4

Post Graduate Education: __ 1 __ 2 __ 3 __ 4

HIGH SCHOOL		LOCATION (CITY & STATE)	
COLLEGE/TRADE SCHOOL	LOCATION (CITY & STATE)	DEGREE GRANTED	TOTAL UNITS

Subjects of special study or research work:

Please list any specific skills, software and/or equipment you have experience with:

START WITH MOST RECENT EMPLOYER

Applicant may include any verified work performed on a volunteer basis. DO NOT WRITE "see resume."

Company Name (most recent or present employer):		Telephone No.:	Employment Dates:
Type of Business:		Total Number of Years/Months Worked:	
Address (Street, City, State, Zip):		Starting Base Salary: \$ _____ per _____ Hours per week: _____	
Job Title:	Supervisor Name and Title:	Final Base Salary: \$ _____ per _____	
Reason you left or are considering leaving:		Other Compensation:	
May we contact this employer for a reference? _____ Yes _____ No			
If No, may we contact upon your acceptance of an employment offer? _____ Yes _____ No			
Your Duties:			

Company Name:		Telephone No.:	Employment Dates:
Type of Business:		Total Number of Years/Months Worked:	
Address (Street, City, State, Zip):		Starting Base Salary: \$_____ per _____ Hours per week: _____	
Job Title:	Supervisor Name and Title:	Final Base Salary: \$ _____ per _____	
Reason you left or are considering leaving:		Other Compensation:	
May we contact this employer for a reference? _____ Yes _____ No			
If No, may we contact upon your acceptance of an employment offer? _____ Yes _____ No			
Your Duties:			

Name & Address of Other Employers	From	To	Job Title	Reason for Leaving

List three persons in management capacities best qualified to comment on your work standards. <i>Include supervisors not listed above. Do not include relatives, colleagues or friends.</i>			
Name/Title	Current Company	Their work relationship to you	Best Phone No:

If your work or school records are listed under other names, please specify:

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All employees, upon being hired, must complete an Employment Eligibility Verification (Form I-9) as required by Title 8, U.S. Code, Section 1324A. Employees will be required to present appropriate documents to Paw Commons within three days of their start dates for verification of their legal right to work. Failure to submit such proof within the required time shall result in immediate termination of employment.

I certify that all information on this form is true, complete and correct to the best of my knowledge. I hereby authorize Paw Commons to verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release Paw Commons and its representatives from liability for seeking, gathering, and using such information to make employment decisions. I further release all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I understand that as a condition of any offer of employment, Paw Commons may require me to undergo a physical examination and/or drug test. I further understand that as a condition of employment I may be required to work overtime. I am aware that my employment with the company is for an unspecified period and constitutes at-will employment. As a result, I am free to resign at any time, for any reason or for no reason. Similarly, the company is free to conclude its employment relationship with me at any time, with or without cause.

I have read and fully understand the foregoing, and seek employment under these conditions.

Signature of Applicant

Date