## JOB APPLICATION

## Beck 'n Call Pet Care 129 1st Ave NW, Ephrata, Washington 98823 509-770-4982

Beck 'n Call Pet Care is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

If yes, state name & relationship:

Are you 18 years of age or older?

Are you a U.S. citizen or approved to work in the United States?

**Applicant Information** Applicant Name: Address: City, State and Zip Code: Telephone Number: Email Address: Date of Application: **Employment Position** Position(s) applying for: How did you hear about this position? What days are you available for work? What hours or shift are you available for work? If needed, are you available to work overtime? On what date can you start working if you are hired? Do you have reliable transportation to and from work? **Personal Information** Have you ever applied to or worked for Beck 'n Call Pet Care before? Yes No If yes, when? Do you have any friends, relatives, or acquaintances working for Beck 'n Call Pet Care Yes No

Yes

Yes

No

No

what document can you provid	de as proof of citizenship of le	gai Status?		
Will you consent to a mandatory controlled substance test?				
Do you have any condition which would require job accommodations?				No No
If yes, please describe accomm		oddions:	Yes	140
Have you ever been convicted	of a criminal offense (felony o	r misdemeanor)?	Yes	No
If yes, please state the nature o	of the crime(s), when and whe	re convicted and disposi	tion of the case:	
(Note: No applicant will be detailed date of the offense, the nature event, and the surrounding circle however, be considered.)  Job Skills/Qualifications Please list below the skills and q	of the offense, including any cumstances and the relevance	significant details that a e of the offense to the p	offect the description	n of the
(Note: Beck 'n Call Pet Care com be necessary for eligible applica			odation measures th	at may
Education and Training				
Name Name	Location (City, State)	Year Graduated	Degree Earne	d
College/University		<u> </u>		
Name	Location (City, State)	Year Graduated	Degree Earne	d
Vocational School/Specialized Tr	raining	•		
Name	Location (City, State)	Year Graduated	Degree Earne	d
<u> </u>	<u> </u>	<u> </u>	I	

Military:

Are you a member of the Armed Service	s?		
What branch of the military did you enli	- st?		
What was your military rank when discharged? How many years did you serve in the military?			
What military skills do you possess that	_	sset for this position?	
	would be all as	Section this position.	
Previous Employment			_
Employer Name:			
Job Title:			
Supervisor Name:			_
Employer Address:			
City, State and Zip Code:			_
Employer Telephone:			
Dates Employed:			
Reason for leaving:			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone:			
Dates Employed:			
Reason for leaving:			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone:			
Dates Employed:			
Reason for leaving:			
<u>References</u> Please provide 3 personal and profession	al reference(s)	below:	
Reference		Contact Information	

<u>Additional Information:</u>	
How many years of experience do you have working with dogs?	
Do you have pets at home? If so how many and what kind?	
<u>AT-WILL EMPLOYMENT</u>	
The relationship between you and the Beck 'n Call Pet Careis referred to that your employment can be terminated at any time for any reason, we notice, by you or the Beck 'n Call Pet Care. No representative of Beck 'n Cany agreement contrary to the foregoing "employment at will" relemployment is "at will," and that you acknowledge that no oral or regarding your employment can alter your at-will employment status, expounded either our Executive Vice-President/Chief Operations Officer or the	with or without cause, with or without Call Pet Carehas authority to enter into ationship. You understand that your written statements or representations cept for a written statement signed by
Applicant Signature:	Dated: