



AMAZING PAWS™ LIMITED LIABILITY CORPORATION

PET PRENEUR™ APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				
PLEASE COMPLETE PAGES 1-3.	Date:			
Name:				
Last	First	Middle	Maiden	
Present Address:				
Number	Street	City	State	Zip
How Long at Address:		Social Security No.:		
Telephone:				
Date of Birth:				
Social Media Channels: Facebook: Instagram: Tik Tok: E-mail Address:		Are you applying for a Bronze, Silver, or Gold Pet Preneur™? (See website)		
Why do you want to become a Pet Preneur™?		Have you previously bred dogs?		
Do you have a male, female, or both?		What are the names of your breeding dogs?		
How old are your breeding dogs?				
Do you agree to a two-year commitment?				
Do you agree to complete Amazing Paws™ University 4-week course?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you agree to be an ethical breeder by following Amazing Paws Pet Preneur™ Guide?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If your breeding dog was not purchased by Amazing Paws LLC, do you agree to have them DNA and Health tested within the next 30 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you agree to Amazing Paws™ LLC Required Supplement Regimen?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you agree to required photo shoots to market your puppies?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you agree to video calls with potential customers?				



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<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you agree to in-person visits post COVID-19 at either your home or Amazing Paws™ LLC?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
What are your short-term goals in becoming a Pet Preneur™?				
What are your long-term goals in becoming a Pet Preneur™?				
What do you want to learn in becoming a Pet Preneur™?				
What value can you add to the Pet Preneur™ program?				
What specific skills can you add to the Pet Preneur program™?				
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				
Professional School				
Work Experience				
Current Employment				
Name of Employer:			Employment Dates From:	
			To:	
Complete Address:				
Phone Number:		Job Title:		
Reason for Leaving if not Currently Employed (be specific):				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				



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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by AMAZING PAWS, LLC (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 AMAZING PAWS, LLC 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 General Manager of the AMAZING PAWS, LLC. Both the undersigned and AMAZING PAWS, LLC 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.

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 hereby give AMAZING PAWS, LLC permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release AMAZING PAWS, LLC from any liability because of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) 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 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, AMAZING PAWS, LLC 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.

I further understand that my employment with AMAZING PAWS, LLC 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 AMAZING PAWS is terminable at will for any reason by either party.

Signature of Applicant

Date:

This Company 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.



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Thank you for completing this application form and for your interest in our business.