

# Sheabel

## Employment Application

**Pet Care Center**

2586 Richmond Rd. Lex., KY 40509 phone:(859)-268-4444 FAX:(859)-268-7872

**Complete All Requested Information On This Application, Incomplete Applications Are Not Acceptable**

(Print) Last Name	First Name	Middle Name	Social Security No.
List All Previous Names Under Which Employment Or Education May Be Verified			E-mail Address
Current Address		Yrs. at Address	Telephone No. (    )    -    -    -
City	State	Zip	Today's Date

**Career**

Position/Type of Work Desired		Are You 18 yrs or older?	Date Available for Employment				
How Did you Hear of This Position/Company?		Did a Sheabel Employee Refer You, Who?	Desired Salary \$	<b>Circle One:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/> Shift Work			
<b>Hours Available</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
From:							
To:							

**Education/Specialized Training**

Type of School	Name of School, City & State	Major/Minor	Dates Attended		Years Completed	Degree/Mo&Yr Granted or Expected	Scholastic Stdg.	
			From Mo/Yr	To Mo/Yr			Grade PT Avg.	Out of Possible
High School								
College or University								
College of Veterinary Medicine								
Graduate or Other Education								
Scholastic Honors/Scholarships:			Special Training or Skills Within Your Field:					
Typing Speed ___ wpm 10-key Speed ___ spm		Computer Skills: Macintosh Y / N PC Y / N List Software you have used/take classes in, note N for Novice, P for Proficient						
States Liscensed in:		Liscense #:		Liscenses Pending:				
Do you have a Current DEA Liscense?			States/Federally Accredited In:					
Career Related Clubs or Organizations in which you participate:								

**Miscellaneous**

Are you open to relocating now or in the future? If Yes where?			
Are you able to stoop bend twist stand for long periods of time & lift 50lbs With or without accommodation?			
Have you been convicted of any Felonies in the past 7yrs?	Date(s)	Place(s)	Charge(s)
If selected for employment are you able to provide current original documents as proof of your eligibility to work in the United States?			

**We are a Drug-Free, Smoke-Free, Equal Opportunity Employer.**

Company Policy, Federal and State Laws Forbid Discrimination Because of Age, Color, Race, Religion, Sex, Disability, Sexual Orientation or National Origin.

# Employment History

May We Contact Your Current Employer? Y / N

Give Complete Information Regarding Your Present and Former Employment (Excluding Military Service)

Name & Address Of Employer (Start with Your Present /Last Job)	Dates Are Required Mo/Yr		Job Title and Responsibilities	Salary	Reason(s) for Leaving. What Will Your Employer Tell Us.
Employer	From:	To:	Supervisor's Name and Title:	Beginning	
Address	Circle One:		Your Job Title & Principle Duties:	\$	
City?State?Zip	Full Time			Ending	
Phone	Part Time			\$	
	Summer/Temp				

Employer	From:	To:	Supervisor's Name and Title:	Beginning	
Address	Circle One:		Your Job Title & Principle Duties:	\$	
City/State/Zip	Full Time			Ending	
Phone	Part Time			\$	
	Summer/Temp				

Employer	From:	To:	Supervisor's Name and Title:	Beginning	
Address	Circle One:		Your Job Title & Principle Duties:	\$	
City/State/Zip	Full Time			Ending	
Phone	Part Time			\$	
	Summer/Temp				

Employer	From:	To:	Supervisor's Name and Title:	Beginning	
Address	Circle One:		Your Job Title & Principle Duties:	\$	
City/State/Zip	Full Time			Ending	
Phone	Part Time			\$	
	Summer/Temp				

Have You Previously Applied With Interviewed or Been Employed By Sheabel Pet Care Center?			When?
<b>Answer Only if Position Requires Driving.</b> Do You Have A Valid Driver's License?		State:	License #:

### Military

Period of Active Duty:	Branch of Service	Highest Rank	Principle Duties Performed?

### References – Civic, Academic, or Business References, not including supervisors listed above.

Name of Reference	Telephone Number	Civic, Academic, or Business Relationship?	Yrs Known
	Day Phone #		
	Evening Phone #		
	Day Phone #		
	Evening Phone #		
	Day Phone #		
	Evening Phone #		

I certify that all information given on this application is true and correct. I understand that Sheabel will investigate of my work and personal history and I authorize all persons, schools, companies, credit bureaus and law enforcement agencies to supply any information concerning my background and release them from any liability and responsibilities arising from their doing so. I also understand that employment is subject to passing a drug screen and if hired, my employment would be "at will" which means I may be terminated at any time for any reason. I further understand that, if I am employed, any false statement, misrepresentation, or admission of facts on this application or on any supporting documents, regardless of when discovered to be false, will result in my immediate dismissal. And, if I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S. within three(3) business days of my hire date. Any change to the policies stated above must be in writing and signed by the President of the Company to be effective.

**Must Be Signed and Dated**

Applicant's Signature X \_\_\_\_\_ Date \_\_\_\_\_

**This statement may be photocopied for background investigation.**