

Please send your completed application to info@oceanfloorstore.com.

P E R S O N A L	NAME LAST FIRST			E-MAIL		TODAY'S DATE		
	STREET ADDRESS CITY STATE ZIP CODE				PHONE ()		MESSAGE PHONE	
	POSITION APPLIED FOR				SALARY DESIRED		DATE AVAILABLE	NO. HOURS/WEEK DESIRED
	ARE YOU OVER AGE 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		SOCIAL SECURITY NO.		ACCESS TO CAR FOR WORK?	APPLIED TO US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WHAT POSITION?
	WILL VISA OR IMMIGRATION STATUS PREVENT LAWFUL EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			DRIVERS LICENSE NO.		EXP. DATE	DAYS OF WEEK AND/OR HOURS AVAILABLE DAILY	
	DO YOU HAVE ANY RELATIVES EMPLOYED HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME:			IS THERE ANY INFORMATION WE WOULD NEED ABOUT YOUR NAME OR USE OF ANOTHER NAME TO CHECK YOUR WORK RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO SPECIFY:				

E D U C A T I O N	CIRCLE HIGHEST GRADE COMPLETED: 6, 7, 8, 9, 10, 11, 12; COLLEGE: 1, 2, 3, 4, 5, 6		YEARS ATTENDED	DID YOU GRADUATE	MAJOR	DEGREE RECEIVED
	NAME OF SCHOOL LOCATION					
	HIGH SCHOOL		X	X	X	X
	COLLEGE					
	COLLEGE					
OTHER						

E M P L O Y M E N T H I S T O R Y	EMPLOYER <small>list most recent or current employer first</small>		EMPLOYMENT DATES		SALARY		POSITION TITLE	
	NAME		FROM	TO	STARTING		STARTING	
	ADDRESS				ENDING		ENDING	
	SUPERVISOR NAME, PHONE			REASON FOR LEAVING				
	YOUR POSITION DUTIES							
	NAME		FROM	TO	STARTING		STARTING	
	ADDRESS				ENDING		ENDING	
	SUPERVISOR NAME, PHONE			REASON FOR LEAVING				
	YOUR POSITION DUTIES							
	NAME		FROM	TO	STARTING		STARTING	
ADDRESS				ENDING		ENDING		
SUPERVISOR NAME, PHONE			REASON FOR LEAVING					
YOUR POSITION DUTIES								

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E M P L O Y M E N T	LIST ADDITIONAL EXPERIENCE HERE
	LIST PERIODS OF UNEMPLOYMENT (for non-medical reasons) OF MORE THAN 30 DAYS, AND EXPLAIN
	HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN? EXPLAIN

P E R S O N A L D A T A	WHAT CONTRIBUTION CAN / WILL YOU MAKE TO BENEFIT THE GROWTH OF THIS COMPANY?
	WHO REFERRED YOU / HOW DID YOU HEAR ABOUT VALLEY PET CENTERS, INC. AND / OR THIS POSITION?
	HAVE YOU EVER BEEN CONVICTED OF A FELONY? EXPLAIN

E X P E R I E N C E	ARE YOU A MEMBER OF PETA, HSUS, ASPCA, OR ANY OTHER ANIMAL RIGHTS ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered yes, please specify your affiliation and why.																			
	INDICATE ANY OTHER SKILLS, COURSE WORK OR TRAINING RELATED TO THE POSITION YOU ARE SEEKING, INCLUDING ANY FOREIGN LANGUAGE(S) AND FLUENCY LEVEL(S):																			
	<table border="0"> <tr> <td><input type="checkbox"/> 10-KEY (TOUCH)</td> <td><input type="checkbox"/> PET/ANIMAL EXPERIENCE</td> <td><input type="checkbox"/> WORD PROCESSING (Software)</td> <td><input type="checkbox"/> WAREHOUSE</td> </tr> <tr> <td><input type="checkbox"/> DATA ENTRY</td> <td><input type="checkbox"/> RETAIL SALES</td> <td><input type="checkbox"/> CPR (EXP: _____)</td> <td><input type="checkbox"/> INVENTORY</td> </tr> <tr> <td><input type="checkbox"/> CASHIER</td> <td><input type="checkbox"/> RECEPTIONIST / SWITCHBOARD</td> <td><input type="checkbox"/> FIRST AID</td> <td><input type="checkbox"/> OTHER</td> </tr> <tr> <td><input type="checkbox"/> BOOKKEEPING</td> <td><input type="checkbox"/> TYPING WPM _____</td> <td><input type="checkbox"/> VET TECH</td> <td></td> </tr> <tr> <td><input type="checkbox"/> OFFICE MACHINES (SPECIFY) _____</td> <td></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> 10-KEY (TOUCH)	<input type="checkbox"/> PET/ANIMAL EXPERIENCE	<input type="checkbox"/> WORD PROCESSING (Software)	<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> DATA ENTRY	<input type="checkbox"/> RETAIL SALES	<input type="checkbox"/> CPR (EXP: _____)	<input type="checkbox"/> INVENTORY	<input type="checkbox"/> CASHIER	<input type="checkbox"/> RECEPTIONIST / SWITCHBOARD	<input type="checkbox"/> FIRST AID	<input type="checkbox"/> OTHER	<input type="checkbox"/> BOOKKEEPING	<input type="checkbox"/> TYPING WPM _____	<input type="checkbox"/> VET TECH		<input type="checkbox"/> OFFICE MACHINES (SPECIFY) _____		
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A U T H O R I Z A T I O N	I certify that the information given by my to Valley Pet Centers, Inc. is true and complete to the best of my knowledge. I understand that, if I am employed, discovery that I gave false or misleading information may result in immediate dismissal.
	I further certify that I am not engaged in outside activity or business that could be considered in conflict with Valley Pet Centers, Inc.'s interest or those of its clients, nor will I become engaged in such activity or business if employed.
	I understand that Valley Pet Centers, Inc. follows and "employment at will" policy, in that if I am hired, I or Valley Pet Centers, Inc. may terminate my employment at any time, or for any reason consistent with applicable state and federal law; this "employment at will" policy cannot be changed verbally or in writing unless the change is specifically authorized in writing by the C.E.O. of Valley Pet Centers, Inc.
	I authorize Valley Pet Centers, Inc. to solicit information regarding my character, general reputation, previous employment, and similar background information, other than records relating to my persona health or medical history. I further authorize Valley Pet Centers, Inc. to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information.
	I understand that, according to federal law, if I am hired, I will be required to submit satisfactory proof of identity and/or employment authorization.
	I understand that this application will be considered active for 30 days; after that time, if I wish to be considered for employment, I must submit a new application.
Signature: _____ Date: _____	
	APPLICANT

VALLEY PET CENTERS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, MARITAL STATUS, VETERAN STATUS, DISABILITY STATUS OR ANY OTHER BASIS PROHIBITED BY FEDERAL, STATE OR LOCAL LAW.

