

APPLICATION FOR EMPLOYMENT



Canine to Five (herein referred to as "EMPLOYER") provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, height, weight, status as a covered veteran in accordance with applicable federal, state and local laws or any other characteristic covered by federal, state or local law.

**Please ensure that you complete this application in its entirety.
Failure to do so could disqualify you from further consideration.**

Applicant Name:		Date:	
Email Address:		Mobile Phone:	
Best Time of the day to reach you?		Home Phone:	

Street Address:					
City:		State:		Zip Code:	
Are you eligible to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you worked for this company before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 18 years of age or older? If no, you may be required to provide a work authorization.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know of anyone who works for this company? If yes, please tell us who:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name:		
What shifts are you available to work? (Please check all that apply.)	<input type="checkbox"/> Days	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Midnights	<input type="checkbox"/> Any	
Are you willing to work weekends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How did you hear about us?		

EMPLOYMENT DESIRED:

Position Name:		Desired Salary:	
Hours per Week:		Possible Start Date:	

EDUCATION (This includes College, University and Trade Schools):

School Name:			
Location:		Number of Years Attended:	
Degree Received:		Major:	
School Name:			
Location:		Number of Years Attended:	
Degree Received:		Major:	
School Name:			
Location:		Number of Years Attended:	
Degree Received:		Major:	
School Name:			
Location:		Number of Years Attended:	
Degree Received:		Major:	

EMPLOYMENT HISTORY:	Include your last seven (7) years of employment history. Incomplete information could disqualify you from further consideration. Attach additional sheets if necessary.												
Name of Employer:					Telephone Number:								
Position/Title:													
Full Address: (Including Street, City, State & Zip)					Supervisor's Name and Title:								
Dates Employed:	Start:		End:		Pay Rate:	Start:		End:					
Reason for Leaving:													
Work Performed:													
Are you eligible for rehire?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	May we contact this employer for a reference?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
Name of Employer:					Telephone Number:								
Position/Title:													
Full Address: (Including Street, City, State & Zip)					Supervisor's Name and Title:								
Dates Employed:	Start:		End:		Pay Rate:	Start:		End:					
Reason for Leaving:													
Work Performed:													
Are you eligible for rehire?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	May we contact this employer for a reference?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
Name of Employer:					Telephone Number:								
Position/Title:													
Full Address: (Including Street, City, State & Zip)					Supervisor's Name and Title:								
Dates Employed:	Start:		End:		Pay Rate:	Start:		End:					
Reason for Leaving:													
Work Performed:													
Are you eligible for rehire?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	May we contact this employer for a reference?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
Name of Employer:					Telephone Number:								
Position/Title:													
Full Address: (Including Street, City, State & Zip)					Supervisor's Name and Title:								
Dates Employed:	Start:		End:		Pay Rate:	Start:		End:					
Reason for Leaving:													
Work Performed:													
Are you eligible for rehire?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	May we contact this employer for a reference?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				

PLEASE READ CAREFULLY BEFORE SIGNING:

Canine to Five (herein referenced to as "EMPLOYER") is an equal opportunity employer. EMPLOYER does not discriminate in employment on the basis of race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, height, weight, status as a covered veteran in accordance with applicable federal, state and local laws or any other characteristic covered by federal, state, or local law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for EMPLOYER to hire me. If I am hired, I agree that my employment is "at will" and I understand that either EMPLOYER or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of EMPLOYER (other than the CEO) has the authority to make any assurance to the contrary, which must be in writing, signed by the CEO and myself.

I acknowledge that any offer of employment may be contingent on the results of a background check satisfactory to EMPLOYER. I attest with my signature below, that I have given EMPLOYER true and complete information on this application. No requested information has been concealed. I authorize EMPLOYER to contact references provided and to verify all listed employment. If any information provided is untrue, or I have concealed material information, I understand this will constitute cause for denial of employment or immediate dismissal.

Michigan law requires employers to make reasonable accommodations to qualified handicapped applicants and employees where the employee makes their need known to the employer, requests accommodation and such accommodation does not impose an under hardship on the employer. With respect to State of Michigan Persons with Disability claims, persons with disabilities and applicants must request an accommodation of their handicap by notifying the employer in writing of the need for accommodation within 182 days of the date the person with the disability knows or reasonably should know that an accommodation is needed. Failure to notify in advance will preclude any claim that the employer failed to accommodate the person with a disability under state law; however, this does not waive your rights under the Americans with Disabilities Act of 1990, as amended.

By signing below, I agree and understand that I have 300 days with which to file a charge of discrimination with the Equal Opportunity Commission arising out of my employment, application for employment or termination of employment. I agree that any other action or suit that I may bring against EMPLOYER arising out of or relating to my employment, application for employment or termination of employment must be brought within 180 days of the event giving rise to claim or be forever barred. I waive any longer limitations periods that may apply in those circumstances but I retain the right to file a charge of discrimination with the EEOC as stated above. This reduced limitations period is contractual in nature and may not be unilaterally modified by myself or EMPLOYER.

Signature

Date
