



**WOODLAND WEST PET CARE CENTERS**  
9380 S. UNION  
TULSA, OK 74132  
(918) 299-1208  
fax: (918) 298-7437

## APPLICATION FOR EMPLOYMENT

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST M.I.

Current Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Prior Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ SSN (voluntary): \_\_\_\_\_

Alternative Contact Information \_\_\_\_\_ ( ) \_\_\_\_\_  
NAME ADDRESS, CITY, STATE, ZIP PHONE NO.

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment by Woodland West Pet Care Centers. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body WILL be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

### AVAILABILITY

For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_

What category would you prefer? \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Temporary \_\_\_ Relief

For which schedules are you available? \_\_\_ Weekdays \_\_\_ Evenings \_\_\_ Nights \_\_\_ Overtime \_\_\_ Shift \_\_\_ Other

\_\_\_ Yes \_\_\_ No If hired, can you furnish proof you are eligible to work in the U.S.?

### JOB-RELATED SKILLS

(Note: Do not fill out any part of this section you believe to be non-job related.)

#### Only For Jobs That Require Driving As Part Of Your Employment:

Yes \_\_\_ No \_\_\_ If the job requires, do you have the appropriate valid drivers license?

Name on license \_\_\_\_\_ DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Have you had any moving violations? Please describe: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Have you been given a job description or had the essential functions of the job explained to you?

Yes \_\_\_ No \_\_\_ If you answered yes to the question directly above, do you understand these essential functions?

Yes \_\_\_ No \_\_\_ Can you perform the essential functions of this job with or without reasonable accommodation?

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company:

List languages in which you are fluent: \_\_\_\_\_

**SECURITY**

Yes No Have you used any names other than given? If so, please list in comments below.

Yes No Have you been convicted of a law violation in the past seven years? (Conviction will not necessarily bar employment

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYERS**

Have you worked for Woodland West Pet Care Centers or an affiliated facility previously?  Yes  No  
Facility Name: \_\_\_\_\_ Dates employed at this location: From \_\_\_\_\_ To \_\_\_\_\_

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

**MOST RECENT EMPLOYER** \_\_\_\_\_

Are you currently working for this employer?  Yes  No Phone: ( ) Fax: ( )

If yes, may we contact?  Yes  No

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_  
\_\_\_\_\_

SALARY (Hour, Week, Month)

\$ \_\_\_\_\_ Per REASON FOR LEAVING \_\_\_\_\_

**SECOND MOST RECENT EMPLOYER** \_\_\_\_\_

Are you currently working for this employer?  Yes  No Phone: ( ) Fax: ( )

If yes, may we contact?  Yes  No

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_  
\_\_\_\_\_

SALARY (Hour, Week, Month)

\$ \_\_\_\_\_ Per REASON FOR LEAVING \_\_\_\_\_

**THIRD MOST RECENT EMPLOYER** \_\_\_\_\_

Are you currently working for this employer?  Yes  No Phone: ( ) Fax: ( )

If yes, may we contact?  Yes  No

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_  
\_\_\_\_\_

SALARY (Hour, Week, Month)

\$ \_\_\_\_\_ Per REASON FOR LEAVING \_\_\_\_\_

**REFERENCES**

NAME	ADDRESS / PHONE	YEARS KNOWN / RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**EDUCATION**

Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+  
If you school records are under a different name than listed on page 1, please enter that name: \_\_\_\_\_

NAME	CITY/STATE	GRADUATE?	DEGREE?
HIGH SCHOOL			
COLLEGE			
OTHER			

**AFFIDAVIT, CONSENT AND RELEASE: PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY A CORPORATE OFFICER OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY A CORPORATE OFFICER AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

SIGNATURE	DATE
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This application for employment will remain active for one month. Ask a Woodland West Pet Care Center representative for details.