Notice To Applicant

Thank you for your interest in employment with this facility. Please complete the following application in full (total of 4 pages, front and back). Incomplete applications may not be reviewed. If it is found any information on the application is inaccurate at any time after you have accepted employment with this facility, this will be grounds for immediate termination. We will be conducting background checks of the selected candidate. In addition, if you are selected for employment with this facility, you may be subjected to random drug screenings. Employment with Creature Comforts Kennels, LLC is at-will: employment and compensation can be terminated, with or without cause, and with or without notice, at any time. Employees are also required to complete a 90-day probationary period.

Creature Comforts Kennels LLC. does not discriminate based on age, race, and/or gender.

Please sign below to acknowledge that you have read and understand the above notice.

Signature

Date



Creature Comforts Kennels, LLC. 13191 Old Nashville Hwy Smyrna, TN 37167 creaturecomfortskennels.co

Applicant Information

| Full Name: | Firs | + | | | M.I | Date: | | | |
|--------------------------------------|----------------------|----------|-------------------|--------|----------------|-----------------|------------|---------|----|
| Address: | 1 113 | L | | | | | | | |
| Street Address | | | | | Ара | artment/Unit # | | | |
| City Phone () | | Maide | en Name: | | Sta | | ZIP Code | N/A [| 7 |
| Cell: () | | | - | | | | | | |
| Work: () | | E-ma | il Address: | | | | | | |
| Date Of Birth: | Social Security No.: | | | | Drivers | S Liscence No: | | | |
| Are you a citizen of the United Stat | YES es? □ | NO | If no oro y | | horized to way | rk in the U.S.? | | YES | |
| Are you a citizen of the United Stat | YES | NO | | | | k in the 0.5. | | | |
| Have you ever worked for this com | YES | | lf so, when | • | | | | | |
| Have you ever been convicted of a | felony? | | Date Availa | able. | | | | | |
| If yes, explain: | | | | | | | | | |
| | | А | pplying For | | | | | | |
| Full Time | 🔲 Full Time Tem | porary | | | | Flexable hours/ | /On Call | | |
| Part Time | Part Time Ten | nporary | porary 🗌 Weekends | | | | | | |
| | | Positio | on Applying | a For | | | | | |
| Clerical/ Receptionist | | | | , | | | | | |
| Animal Care/ Kennel Assistant | | | | | | Other: | | | |
| | | | | | | | | | |
| Education | | | | | | | | | |
| High School: | Ao | ddress: | YES | NO | | | | Yes | No |
| From: To: | Did you grad | uate? | | | Degree: | | GED | | |
| College: | Ao | ddress: | : | | | | | | |
| From: To: | Did you grad | uate? | YES | NO | Degree: | | | | |
| Other: | Ad | ddress: | : | | | | | | |
| From: To: | Did you grad | uate? | YES | NO | Degree: | | | | |
| | Qual | ificatio | ons & Spec | ial Sk | tills | | | | |
| Multi-Line Phones | Computers | | | | | Pet Care Exper | rience | | |
| Typing WPM= | Customer Servic | e | | | | Accounting | | | |
| Clerical | Office Equipment | nt/ Fax | Machine | | | Cash Drawer/ 0 | Cashier Ex | perienc | е |
| Other: | | | | | | | | | |
| Applicant Na | me: | | | | | Page 2 of | 5 | | |

| Please list three | professional references. | 60 | | | |
|--------------------------|---|--------|----------|------------------|----|
| | Deletion | chin | | | |
| | Relation | · _ | | () | |
| | | | Phone: | () | |
| Address: | | | | | |
| Full Name: | Relation | iship: | | | |
| Company: | | | Phone: | () | |
| Address: | | | | | |
| Full Name: | Relation | ship: | | | |
| Company: | | | Phone: | () | |
| Address: | | | | | |
| | Previous Empl | ovmont | | | |
| 0 | | - | , | , | |
| | | Phone: | |) | |
| Address: Job | | Sup | ervisor: | | |
| Title: Responsibiliti | Starting Salary: | \$ | | _ Ending Salary: | \$ |
| es: _ | | | | | |
| From: | To: Reason for Leaving: | | _ | | |
| | vour previous supervisor for a reference? YES □ | | | | |
| Company: | | Phone: | (|) | |
| Address: Job | | Sup | ervisor: | | |
| Title: Responsibiliti | Starting Salary: | \$ | | Ending Salary: | \$ |
| es: | | | | | |
| From: | To: Reason for Leaving: | | | | |
| May we contact y | vour previous supervisor for a reference? YES □ | NO [| | | |
| Company: | | Phone: | (|) | |
| Address: Job | | Sup | ervisor: | | |
| Title: | Starting Salary: | \$ | | Ending Salary: | \$ |
| Responsibiliti es: | | | | | |
| From: | To: Reason for Leaving: | | | | |
| May we contact y | vour previous supervisor for a reference? YES □ | NO [| | | |
| | Applicant Name: | | | Page 3 of 5 | |

| Military Service | | | | |
|--|--|---------------------|--------------|--|
| Branch: | | From: | То: | |
| Rank at Discha | rge: Type | of Discharge: | | |
| | norable, explain: | | | |
| | EMPLOYMENT APPLICAT | | | |
| | /ER WORKED IN THE PET CARE INDUSTRY? | | | |
| | DY MEETING THE PUBLIC? | Yes No | | |
| DO YOU USE ILLEGAL DRUGS? | | Yes No | | |
| DO YOU HAVE YOUR OWN PERSONAL VEHICLE? | | Yes No | | |
| DO TOOTIAN | | Yes | No | |
| WOULD YOU | HAVE ANY DIFFICULTY LIFTING A 55-POUND DC | | | |
| DO YOU OWN | ANY PETS ? | | | |
| Please List: | <u>1.</u> | | | |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |
| | | | | |
| HAVE YOU EV | /ER BEEN DISCHARGED BY AN EMPLOYER? Employer: | Yes No | | |
| | Address: | | Phone: | |
| | Reason For Discharge: | | | |
| WHAT SALAR | Y & FRINGE BENEFITS WOULD YOU EXPECT AF | TER 1 YEAR EMPLOYME | ENT? | |
| WHY DO YOU | WANT TO WORK? | | | |
| DO YOU EXPE If Yes, When? | ECT TO BE OUT OF TOWN ON ANY SPECIFIC HO | LIDAYS? YES NO | | |
| WHY SHOULD | YOU BE SELECTED FOR THE NEXT AVAILABLE | OPEN POSITION? | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Applicant Name: | | _Page 4 of 5 | |

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Disclaimer and Signature

CERTIFICATION STATEMENT:

THIS APPLICATION DOES NOT CONSTITUTE A WRITTEN EMPLOYMENT AGREEMENT.

IN THE EVENT THAT THE APPLICANT AGREES TO ACCEPT A POSITION WITH THE COMPANY, THE APPLICANT AGREES THAT THE EMPLOYMENT RELATIONSHIP BETWEEN THE COMPANY AND THE EMPLOYER IS AN AT-WILL RELATIONSHIP AND THAT THE EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR THE EMPLOYEE.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT. IF THE COMPANY DETERMINES THAT ANY OF THE INFORMATION SUBMITTED IN THIS APPLICATION IS FALSE, I SHALL BE IMMEDIATELY DISQUALIFIED FROM CONSIDERATION FOR EMPLOYMENT AND/OR DISCHARGED FROM EMPLOYMENT IN ACCORDANCE WITH COMPANY POLICY.

I HEREBY GRANT PERMISSION TO THE COMPANY TO INVESTIGATE THE INFORMATION CONTAINED IN THIS APPLICATION AND RELEASE THE COMPANY AND ANY AGENTS OR OTHER PERSONS ACTING ON BEHALF OF THE COMPANY FROM ANY AND ALL LIABILITY RELATING TO ANY INVESTIGATION OF THE INFORMATION CONTAINED IN THIS APPLICATION. I ALSO HERBY GRANT PERMISSION FOR THE COMPANY OR ITS AGENTS TO CONDUCT BACKGROUND CHECKS ON ME WITH LAW ENFORCMENT AND OTHER GOVERNMENT AGENCIES IF MY APPLICATION IS REVIEWED FOR POSSIBLE HIRE.

Signature:

Date: