## **Hillrose Pet Resort**

2040 s 142nd st. Seatac. Wa 98168 (206) 241-0880

| Name:   | Name:  |   |                   |                      |                            |                               |                        |                 |
|---|--|---|-------------------|----------------------|----------------------------|-------------------------------|------------------------|-----------------|
| Address:  |  |   |                   | SS#:Phone#:          |                            |                               |                        |                 |
|   |  | ossession of a work permi                   |                   |                      |                            | No                            |                        |                 |
| •   |  | en who is authorized to w                   | •                 | Í                    |                            | Yes                           | No                     | (If "yes"       |
| you must complet  | te the I-9 form requir                           | ed by the U.S. Immigration                  | on and Na         | turalizat            | tion Servic                | ce no lat                     | er than                | three(3)        |
| business days afte  | er your date of hire.)                           | , .   |                   |                      |                            |                               |                        | ,               |
| Position for which  | h you are applying:                              |   | Hourl             | y wage               | expected:\$                | 5                             |                        |                 |
|   | ity:   |   |                   |                      | ork overti                 |                               | Yes                    | No              |
|   | u to apply with our co                           |   |                   |                      |                            |                               |                        |                 |
| Have you ever ap  | plied for employmen                              | nt with this company?                       | Yes               | No                   | If yes,                    | when?_                        |                        |                 |
|   |  |   |                   |                      |                            |                               |                        |                 |
| Have you ever be  | en employed by this                              | company? Yes No                             | When              | ?                    | What p                     | osition                       | ?                      |                 |
| Have you ever be<br>employment. Plea                                      | een convicted of a cri                           |   | (A con            | nviction             | What pwill not non, and yo | ecessari                      | ly be a                | bar to          |
| Have you ever be employment. Plea   | een convicted of a cri                           | me? Yes No                                  | (A con            | nviction             | will not n                 | ecessari                      | ly be a                | bar to          |
| Have you ever be<br>employment. Plea                                      | een convicted of a cri                           | me? Yes No                                  | (A con            | nviction             | will not n                 | ecessari                      | lly be a               | bar to          |
| Have you ever be employment. Plea your conviction)  References:           | een convicted of a cri                           | me? Yes No                                  | (A contact of the | nviction             | will not n                 | ecessari                      | ly be a                | bar to          |
| Have you ever be employment. Plea your conviction)  References:           | een convicted of a cri                           | me? Yes No                                  | (A contact of the | nviction             | will not n                 | ecessari                      | lly be a               | bar to          |
| Have you ever be employment. Plea your conviction)  References:           | en convicted of a cri<br>ase describe the natur  | me? Yes No                                  | (A contact of the | nviction             | will not n                 | ecessari<br>our reha<br>Phone | lly be a<br>bilitation | bar to          |
| Have you ever be employment. Plea your conviction)  References:           | een convicted of a cri<br>ase describe the natur | me? Yes No re of the conviction, the d  Add | (A contact of the | nviction             | will not n on, and yo      | ecessari<br>our reha<br>Phone | lly be a<br>bilitation | bar to on since |
| Have you ever be employment. Plea your conviction)  References:           | een convicted of a cri<br>ase describe the natur | me? Yes No re of the conviction, the d      | (A contact of the | nviction<br>convicti | will not n on, and yo      | Phone                         | ly be a<br>bilitation  | bar to on since |
| Have you ever be employment. Pleasyour conviction)  References:  Name an  | en convicted of a cri<br>ase describe the natur  | me? Yes No re of the conviction, the d      | (A contact of the | nviction<br>convicti | will not n on, and yo      | Phone                         | ly be a<br>bilitation  | bar to          |
| Have you ever be employment. Pleas your conviction)  References:  Name an | en convicted of a cri<br>ase describe the natur  | me? Yes No re of the conviction, the d      | (A contact of the | nviction<br>convicti | will not n on, and yo      | Phone                         | ly be a<br>bilitation  | bar to          |

| Please request a job description for the position which you have listed about | ove. After reviewing the job description |
|---|--|
| please answer the following question. Are you able to perform all essentia    | al functions without accommodation?      |

## Yes No

List you work experience, *starting with your present or most recent employer*. Go back five years or your last three employers, whichever will provide us with the most information about you. Use a blank sheet of paper if you need additional space. **Account for all periods of unemployment.** 

| May we contact your present employer at this time? (circle) Yes No |                               |            |                          |                                |                    |  |
|--|-------------------------------|------------|--------------------------|--------------------------------|--------------------|--|
| Date Employed  | Name & Address of<br>Employer | Supervisor | Starting position & Wage | Position & Wage at termination | Reason for leaving |  |
| Start:   |                               |            |                          |                                |                    |  |
| End:   |                               |            |                          |                                |                    |  |
| Start:   |                               |            |                          |                                |                    |  |
| End:   |                               |            |                          |                                |                    |  |
| Start:   |                               |            |                          |                                |                    |  |
| End:   |                               |            |                          |                                |                    |  |
| Start:   |                               |            |                          |                                |                    |  |
| End:   |                               |            |                          |                                |                    |  |
| Start:   |                               |            |                          |                                |                    |  |
| End:   |                               |            |                          |                                |                    |  |

I hereby request that my application for employment with **Hillrose Pet Resort** be considered for the position stated. I understand that I may be required to pass a physical examination, and a drug test to the extend allowed by law, in the event of my employment.

I also agree that, in the event I accept a position with Hillrose Pet Resort, I will not establish, operate, or secure employment in a competitive boarding/grooming business within a ten(10) mile radius of the Hillrose Pet Resort facility for a period of (2) years following the termination of my employment.

I understand that any misstatement, omission, or misleading information given in my application or interview, or in connection with other company records may result in the rejection of my application, the withdrawal of any offer of employment or my dismissal from employment.

I understand that, if employed by Hillrose Pet Resort, I will be an at-will, which means that I can voluntarily end my employment or be terminated at any time. No statement whether written or oral, by any company representative other than a written statement signed by the owners of Hillrose Pet Resort.

| Date | Signature of Applicant |  |
|------|------------------------|--|

## **Preferred Long Term Schedule Request**

| Emj        | ployee                   |                  |                  |                   |                 |                   |                  |  |
|------------|--------------------------|------------------|------------------|-------------------|-----------------|-------------------|------------------|--|
| Max        | Max Hrs Wanting to work  |                  |                  | Ef                |                 |                   |                  |  |
| Min        | n Hrs Would like to work |                  |                  |                   | DOB if under 18 |                   |                  |  |
| Min        | n Days Off/W             | /eek             |                  |                   |                 |                   |                  |  |
| Plea       | se use this fo           | rm to indicate   | your availabili  | ity to work and   | the preference  | es you may hav    | e for working    |  |
| hou        | rs of the day.           | Please indicate  | e this using the | following num     | ber system:     |                   |                  |  |
| 1. Io      | deal Working             | hours            |                  |                   |                 |                   |                  |  |
| 2. L       | ess than ideal           | l but whenever   | needed I can v   | work these hou    | ·s              |                   |                  |  |
| 3. W       | Vith advanced            | l notice I can n | nake arrangem    | ents so that I ca | n work these l  | hours             |                  |  |
| 4. Ir      | n an emergen             | cy, I can work   | these hours      |                   |                 |                   |                  |  |
| 5. U       | Inder no circu           | ımstance can I   | work these ho    | urs as I have ot  | her commitme    | ents (I will noti | fy you of such   |  |
| thin       | gs as school b           | oreaks when I    | will not have tl | hese restrictions | s.)             |                   |                  |  |
| Time       | Mon                      | Tues             | Wed              | Thurs             | Fri             | Sat               | Sun              |  |
| 7-8 Am     |                          |                  |                  |                   |                 |                   |                  |  |
| 8-9 Am     |                          |                  |                  |                   |                 |                   |                  |  |
| 9-10 Am    |                          |                  |                  |                   |                 |                   |                  |  |
| 10-11 Am   |                          |                  |                  |                   |                 |                   |                  |  |
| 11-12 Pm   |                          |                  |                  |                   |                 |                   |                  |  |
| 12-1 Pm    |                          |                  |                  |                   |                 |                   |                  |  |
| 1-2 Pm     |                          |                  |                  |                   |                 |                   |                  |  |
| 2-3 Pm     |                          |                  |                  |                   |                 |                   |                  |  |
| 3-4 Pm     |                          |                  |                  |                   |                 |                   |                  |  |
| 4-5 Pm     |                          |                  |                  |                   |                 |                   |                  |  |
| 5-6 Pm     |                          |                  |                  |                   |                 |                   |                  |  |
| 6-7 Pm     |                          |                  |                  |                   |                 |                   |                  |  |
| 7-8 Pm     |                          |                  |                  |                   |                 |                   |                  |  |
| 8-8:30 Pm  |                          |                  |                  |                   |                 |                   |                  |  |
| Plea       | ase indicate t           | he nature of th  | nose time perio  | ods that you ar   | e totally unav  | ailable.          |                  |  |
|            |                          |                  |                  | for scheduling    |                 |                   | ll be times when |  |
| Employee S | Signature                |                  |                  |                   | Date            |                   |                  |  |