

# CLYDE'S FEED & ANIMAL CENTER

351 UNION ST.  
HAMBURG NY 14075  
648-2171 PHONE  
648-0168 FAX

## APPLICATION FOR EMPLOYMENT

**This application for employment shall be considered active for a period of time not to exceed 45 days from the date of this application.**

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For	Date Applied
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other	

Last Name	First Name	Middle Initial
Address	Street	City
		State
		Zip Code
Telephone Number (s)		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes     No

Do you have previous employment experience?

Yes     No

Are you currently employed?

Yes     No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:

Full Time     Part-Time     Temporary

Have you been convicted of a felony within the last 7 years?

Yes     No

*(A conviction record will not necessarily be a bar from employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account)*

If Yes, Please explain: \_\_\_\_\_

Hours You Can Work		
	From	To
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday</b>		
<b>Sunday</b>		

Total hours available per week: \_\_\_\_\_

Preferred hours per week: \_\_\_\_\_

### EDUCATION

	Name And Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
College/Other				

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**EMPLOYMENT EXPERIENCE**

**Start with your current or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.**

Employer #1		<u>Dates Employed</u> From _____ To _____		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason For Leaving				
Employer #2		<u>Dates Employed</u> From _____ To _____		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason For Leaving				

Please indicate by number \_\_\_\_\_ any of the above employers whom you **DO NOT** wish us to contact.

**APPLICANT'S STATEMENT**

**IT IS VERY IMPORTANT THAT YOU READ THIS SECTION CAREFULLY, AND THAT YOU FULLY UNDERSTAND IT BEFORE YOU SIGN IT. THIS SECTION AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS PLEASE ASK BEFORE YOU SIGN THIS APPLICATION.**

<p>I certify that answers given herein are true and complete to the best of my knowledge.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for employment beyond this time period I should inquire as to whether or not applications are being accepted at that time.</p> <p>I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of this organization.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.</p> <p><i>Proof of citizenship or immigration status will be required upon employment.</i></p>	
Signature of Applicant _____	Date _____

**CONSENT & AUTHORIZATION TO RELEASE EMPLOYMENT/EDUCATIONAL INFORMATION**

<p>I, _____, understand and agree that Clyde's Feed &amp; Animal Center; their subsidiaries, or any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.</p>	
Signature _____	Date _____

