



EMPLOYMENT APPLICATION

Naturally 4 Paws LLC is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, citizenship, veteran status, sexual orientation, or physical/mental disability.

Job Description:

Naturally 4 Paws is Kitsap County's premier pet health food and services store. We're always looking for animal lovers who bring a positive, fun, and welcoming attitude to everything they do and genuinely enjoy helping pet parents find the best solutions for their pets. Ideal candidates have hands-on experience caring for animals, are familiar with the benefits of natural nutrition, and are excited to share that knowledge in a friendly, approachable way with our customers.

Applicants must be at least 18 years of age, a high school graduate (or equivalent), and have prior retail experience delivering exceptional customer service. Successful candidates are self-motivated, reliable, punctual, and team-oriented, with a strong work ethic and a sincere desire to create an outstanding experience for every pet parent who walks through our doors.

Applicants must have computer experience and possess the ability to repetitively lift and carry 50 pounds without assistance.

Candidates should have a flexible schedule and be available during normal business hours, which are 10:00 am - 8:00 pm on weekdays, Saturdays 10:00 am. - 6:00 pm, and Noon - 6:00 pm on Sundays.

EMPLOYMENT HISTORY

List all employment for the past 5 years, starting with the most recent position. All information must be completed. You may attach a resume, but please complete the following fields.

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|---------------------------|------------------|--------------------|---------------|
| Employed From / / | Employer Name | Supervisor Name | Starting Wage |
| Employed Until / / | Employer Address | Supervisor Phone # | Ending Wage |
| Job Title | | Reason for Leaving | |
| Duties & Responsibilities | | | |

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| Duties & Responsibilities | | | |

GENERAL

Yes No

- ☐ ☐ May we contact your current or previous employer for references?
- ☐ ☐ Will you be able to perform the essential job functions listed on Page 1 without any special accommodation?
- ☐ ☐ Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by the court? (A yes response does not automatically disqualify your application.)

CERTIFICATION & AUTHORIZATION

The above information is true and correct to the best of my knowledge. I understand that, in the event of my employment with Naturally 4 Paws (the Company), I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Naturally 4 Paws to inquire into my educational, professional and employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer or educational institution to provide employment or scholastic information about me to the Company and will hold the Company and any former employer harmless if any employment decision is made based on such information. I further authorize Naturally 4 Paws to obtain any credit and/or consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by the Company or me at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents that verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date