JOB APPLICATION

Dogma & Fetch 24 N. Congress Street, York, South Carolina 29745 803-628-1414

Dogma & Fetch is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

| Applicant Information Applicant Name: Address: City, State and Zip Code: Telephone Number: Email Address: | | | | | | |
|--|----------------------------------|--------------|----|----|--|--|
| Date of Application: | | | | | | |
| Employment Position Position(s) applying for: Dog | Groomer or Retail Associate | | | | | |
| How did you hear about this p | | | | | | |
| What days are you available for work? What hours or shift are you available for work? On what date can you start working if you are hired? | | | | | | |
| | | | | | | |
| | | | | | | |
| Do you have reliable transpor Salary desired: | tation to and from work? | | | | | |
| Personal Information | | | | | | |
| Are you 18 years of age or older? | | | es | No | | |
| Are you a U.S. citizen or approved to work in the United States? | | | es | No | | |
| What document can you prov | ide as proof of citizenship or I | egal status? | | | | |
| Will you consent to a mandato | ory controlled substance test? | Y | es | No | | |
| Do you have any condition which would require job accommodations? If yes, please describe accommodations required below. | | | es | No | | |
| | | | | | | |

| • | convicted of a criminal offens he nature of the crime(s), who | • | - |
|---|--|---|-------------------------------|
| offense. The date of affect the descriptio | will be denied employment so the offense, the nature of th n of the event, and the surro on(s) applied for may, howey | e offense, including any unding circumstances a | y significant details that |
| Job Skills/Qualificat Please list below the | ions e skills and qualifications you | possess for the position | n for which you are applying: |
| | | | |
| | ch complies with the ADA and ary for eligible applicants/emp | | |
| High School | | | |
| Name | Location (City, State) | Year Graduated | Degree Earned |
| College/University | | | |
| Name | Location (City, State) | Year Graduated | Degree Earned |
| Vocational School/S | and Training | | |
| Name | Location (City, State) | Year Graduated | Degree Earned |
| Military: Are you a member of | of the Armed Services? | | l |
| What branch of the | military did you enlist? | | |
| • | ary rank when discharged? | | |
| • • | lyou serve in the military? do you possess that would be | an asset for this position | on? |
| | | - | |

| Previous Employment | |
|-------------------------------|--|
| Employer Name: | |
| Job Title: | |
| Supervisor Name: | |
| Employer Address: | |
| City, State and Zip Code: | |
| Employer Telephone: | |
| Dates Employed: | |
| Reason for leaving: | |
| neason for leaving. | |
| Employer Name: | |
| Job Title: | |
| Supervisor Name: | |
| • | · |
| Employer Address: | |
| City, State and Zip Code: | |
| Employer Telephone: | |
| Dates Employed: | · |
| Reason for leaving: | · |
| | |
| Employer Name: | |
| Job Title: | |
| Supervisor Name: | |
| Employer Address: | |
| City, State and Zip Code: | |
| Employer Telephone: | |
| Dates Employed: | |
| Reason for leaving: | |
| | |
| <u>References</u> | |
| Please provide 3 personal an | d professional reference(s) below: |
| Reference | Contact Information |
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| AT-WILL EMPLOYMENT | |
| • | u and the Dogma & Fetch is referred to as "employment at will." This |
| means that your employmer | it can be terminated at any time for any reason, with or without cause, |
| with or without notice, by yo | ou or the Dogma & Fetch. No representative of Dogma & Fetch has |
| authority to enter into any a | greement contrary to the foregoing "employment at will" relationship. |
| You understand that your en | nployment is "at will," and that you acknowledge that no oral or written |
| statements or representation | ns regarding your employment can alter your at-will employment status, |
| except for a written stateme | nt signed by you and either our Executive Vice-President/Chief |
| Operations Officer or the Co | |
| | |
| | |
| Applicant Signature: | Dated: |
| | |