

FOR OFFICE USE ONLY

LAST NAME	FIRST NAME	INITIAL



The Local Bark
STAY PLAY LEARN

Employment Application

It is our fundamental policy to prohibit unlawful discrimination against qualified employees and applicants for employment based on race, color, national origin, ancestry, religion, religious creed, age, disability, medical condition, sex, marital status, sexual orientation, gender identity, veteran status, or any other factor prohibited by law.

PLEASE PRINT IN INK OR TYPE

LAST NAME	FIRST	MIDDLE	EMAIL ADDRESS		SOCIAL SECURITY NUMBER — —	
STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE NUMBER(S) PERMANENT () MESSAGE ()	

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS (FOR EXAMPLE, H-1B VISA STATUS)? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU PREVIOUSLY APPLIED TO THE COMPANY? YES NO IF YES, GIVE DATE(S).
 HOW DID YOU HEAR ABOUT THIS JOB?

<input type="checkbox"/> LOCAL BARK EMPLOYEE _____	<input type="checkbox"/> ADVERTISEMENT _____
<input type="checkbox"/> CONTACTED LOCAL BARK ON OWN _____	<input type="checkbox"/> EMPLOYMENT AGENCY _____
<input type="checkbox"/> COLLEGE _____	<input type="checkbox"/> INTERNET _____
<input type="checkbox"/> JOB FAIR _____	<input type="checkbox"/> OTHER _____

LIST THE JOB FOR WHICH YOU ARE APPLYING _____

TYPE OF EMPLOYMENT DESIRED FULL-TIME PART-TIME SUMMER

EDUCATION

(CHOOSE THE HIGHEST LEVEL COMPLETED)

HIGH SCHOOL 9 10 11 12	NAME AND LOCATION OF LAST HIGH SCHOOL:	COLLEGE 1 2 3 4 5 6 7 8
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COLLEGES ATTENDED (ALL DEGREES WILL BE VERIFIED – YOU MUST PROVIDE OFFICIAL TRANSCRIPTS IF COLLEGE IS UNABLE TO VERIFY.)

NAME AND LOCATION OF COLLEGE OR UNIVERSITY (City, State, Zip)	MAJOR / MINOR	COMPLETED CLASSROOM UNITS		GPA	TYPE OF DEGREE COMPLETED	YEAR
		SEMESTER	QUARTER			

OTHER SCHOOLS AND TRAINING (IF HIRED, TRANSCRIPTS MAY BE REQUESTED FOR ALL COURSE WORK CLAIMED ON APPLICATION WHERE DEGREE WAS NOT AWARDED.)

NAME AND LOCATION (City, State, Zip)	COURSES	CERTIFICATES EARNED/YEAR	LENGTH OF COURSE

PROFESSIONAL REFERENCES (PROVIDE NAMES OF THREE SUPERVISORS/MANAGERS WE MAY CONTACT WHO HAVE KNOWLEDGE OF YOUR WORK/ EDUCATIONAL BACKGROUND.)

NAME AND TITLE	CO. NAME, ADDRESS, CITY, STATE, ZIP	CONTACT PHONE/EMAIL
		() WORK HOME () EMAIL _____
		() WORK HOME () EMAIL _____
		() WORK HOME () EMAIL _____

SECURITY INFORMATION

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO IF YES, PLEASE EXPLAIN.

NOTE, A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT. DO NOT ANSWER "YES" OR PROVIDE ANY INFORMATION REGARDING ANY ARREST OR DETENTION WHICH DID NOT RESULT IN A CONVICTION; ANY CONVICTION FOR WHICH THE RECORD HAS BEEN JUDICIALLY ORDERED SEALED, EXPUNGED, OR STATUTORILY ERADICATED; ANY PARTICIPATION IN A PRETRIAL OR POST-TRAIL DIVERSION PROGRAM WHICH HAS BEEN SUCCESSFULLY COMPLETED; ANY MISDEAMEANOR CONVICTION FOR WHICH PROBATION HAS BEEN SUCCESSFULLY COMPLETED OR OTHERWISE DISCHARGED AND THE CASE HAS BEEN JUDICIALLY DISMISSED; ANY CONVICTION FOR WHICH A FULL PARDON HAS BEEN GRANTED, OR ANY MARIJUANA-RELATED MISDEAMEANOR CONVICTION OCCURRING MORE THAN TWO YEARS AGO.

KROLL

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with **The Local Bark** ("Company"), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used _____ Years Used _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender _____

For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: NO

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.