



APPLICATION FOR EMPLOYMENT

Central Garden & Pet is an equal opportunity and affirmative action employer of females, minorities, veterans and disabled and provides reasonable accommodation for qualified individuals with disabilities and disabled veterans in the job application process. Central Garden & Pet is a VEVRAA Federal Contractor. If you have any difficulty and need an accommodation due to a disability, you may contact the HR Administrator or the Director of Recruiting at 925-948-4000.

PLEASE PRINT

PERSONAL

_____	_____	_____	_____	
Last name	First name	Middle initial	Date	
_____	_____	_____	_____	
Street address	Apt #	City	State	Zip code
_____	_____	_____	_____	_____
Email address	Cell phone	Home phone		
_____	_____	_____		

GENERAL

1. Will you now or in the future require our Company's sponsorship to be eligible to work in the United States? Yes No

2. Are you at least 18 years or older? Yes No

(If no, you may be required to provide authorization to work)

3. Have you ever worked for Central Garden & Pet before? Yes No

If yes, please indicate:

Location

Dates of employment

Job title

4. Do you have any relatives who work for Central Garden & Pet? Yes No

If yes, please indicate:

Name (s)

Location (s)

Job title (s)

REFERRAL SOURCE

How did you hear about us? Online Posting

Newspaper Advertisement

State Agency

Other

Temp Agency

Referral:

Name of referral

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EMPLOYMENT DESIRED

1. Position (s) applying for: _____
3. Type of employment desired: Full Time Part Time Seasonal Intern
4. Shifts interested in: 1st 2nd 3rd
5. Can you work overtime, weekends, and holidays if the nature of the work requires? Yes No
6. Wage desired: \$ _____ per hour
7. Date available to begin work: _____
8. If you are applying for a position which requires you to drive on the job, please complete the following:
- Do you possess a valid driver's license? Yes No
- If yes, driver's license number: _____ Driver's license state: _____
- Has your license ever been restricted, suspended, or revoked? Yes No
- If yes, please explain: _____
- Would you be able to provide proof of insurance at time of hire? Yes No

EDUCATION

- High School:** Number of years completed: _____ Name of school: _____
Diploma? Yes No
GED / HSED? Yes No
City & State of school: _____
- College:** Number of years completed: _____ Name of school: _____
Field of study: _____ City & State of school: _____
Degree received: _____
- Other Schools:** Number of years completed: _____ Name of school: _____
Field of study: _____ City & State of school: _____
Degree received: _____
- Licenses, certifications, or other training related to the position for which you are applying:

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TECHNICAL SKILLS

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Outlook |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> SAP |
| <input type="checkbox"/> Microsoft PowerPoint | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Microsoft Access | <input type="checkbox"/> Other: _____ |

EMPLOYMENT

Include your last seven (7) years of employment history, including periods of Military service and unemployment, starting with the most recent. Exclude type of Military discharge.

1.	Company: _____	Address: _____
	Job title: _____	Dates: From: _____ To: _____ <small>Month / Year Month / Year</small>
	Job duties: _____	
	_____ Type of employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Intern	
	Name and title of Supervisor: _____ Telephone: _____	
	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving: _____	
2.	Company: _____	Address: _____
	Job title: _____	Dates: From: _____ To: _____ <small>Month / Year Month / Year</small>
	Job duties: _____	
	_____ Type of employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Intern	
	Name and title of Supervisor: _____ Telephone: _____	
	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving: _____	
3.	Company: _____	Address: _____
	Job title: _____	Dates: From: _____ To: _____ <small>Month / Year Month / Year</small>
	Job duties: _____	
	_____ Type of employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Intern	
	Name and title of Supervisor: _____ Telephone: _____	
	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving: _____	

APPLICATION FOR EMPLOYMENT

SAFETY

You may be required to wear safety equipment for the position for which you are applying. Requirements vary by location. Are you willing and able to wear any of the following? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Safety shoes | <input type="checkbox"/> Beard net |
| <input type="checkbox"/> Hard hat | <input type="checkbox"/> Ear plugs |
| <input type="checkbox"/> Safety glasses | <input type="checkbox"/> Respirator / Dust mask |
| <input type="checkbox"/> Hair net | |

REFERENCES

List three (3) business / character references who are not related to you.

- | | | |
|------------------------|-------------------------|----------------------------|
| 1. Name: _____ | Company: _____ | Years known: _____ |
| Position: _____ | Telephone: _____ | Relationship: _____ |
| 2. Name: _____ | Company: _____ | Years known: _____ |
| Position: _____ | Telephone: _____ | Relationship: _____ |
| 3. Name: _____ | Company: _____ | Years known: _____ |
| Position: _____ | Telephone: _____ | Relationship: _____ |

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the information shown on this application is true and correct to the best of my knowledge. I authorize previous employers and references, except those indicated to the contrary on this application, to furnish Central Garden & Pet such information as it considers necessary to evaluate my qualifications for employment. I hereby release Central Garden & Pet from any / all liability of what-ever kind and nature which, at any time, could result from obtaining and making an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. I consent to and understand that, if employed, that I will be required to complete a background check and a drug screen as a condition of employment. If applying for a position requiring driving on the job, I understand that I must be reasonably insurable as determined by the Company in its sole discretion.

Employment at Central Garden & Pet is considered "at-will" which means that either the employee or the Company is free to end the employment relationship at any time with or without cause. Only the officers of the Company may authorize contracts of employment other than at-will and only if that contract is a written document which is signed by an officer of the Company.

Signature: _____ **Date:** _____



Dear Employee:

This Company is an Equal Opportunity/Affirmative Action Employer of Females, Minorities, Veterans and Disabled that values diversity. We are subject to certain reporting and affirmative action requirements. In order to comply with these laws, we invite you to voluntarily self identify by providing your sex, race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations including those that require the information to be summarized and reported to the federal government. Please complete and return this form to Human Resources in a confidential envelope.

Please select the appropriate information below:

Sex:

Female Male

Race/Ethnicity:

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
- Two or More Races** (not Hispanic or Latino) - All persons who identify with more than one of the below five race categories.
- White** (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa).
- Black or African American** (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- Asian** (not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaskan Native** (not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander** (not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

If you chose not to complete above sections, please complete and sign where indicated below. If you completed the above sections, please skip this section and sign where indicated below.

I prefer not to identify my sex at this time.

I prefer not to identify my ethnicity or race at this time.

Print Name

Work Location

Signature

Date



Invitation to Employees Voluntary Request to Self-Identify as Protected Veteran

The Company is a government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended (VEVRAA), which requires government contractors to take affirmative action to employ and advance in employment certain categories of veterans. These categories of protected veterans include Disabled Veterans, Active Duty Wartime or Campaign Badge Veterans, Armed Forces Service Medal Veterans, and Recently Separated Veterans, which are defined below. As a government contractor subject to VEVRAA, we are required to solicit this information from our employees, and your response will assist us in measuring the effectiveness of our outreach and positive recruitment efforts. We also maintain an affirmative action plan for protected veterans, designed to ensure that we recruit, hire, train, and promote all persons in all job titles, and ensure that all other personnel actions are administered, without regard to protected veteran status. We are also required to submit a report to the U.S. Department of Labor each year identifying the number of our employees belonging to each specific category of protected veterans.

Submission of this information is voluntary. Refusal to provide a response will not subject you to any adverse treatment. Responses will be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (3) government officials engaged in enforcing VEVRAA may be informed.

The term “**Disabled Veteran**” is defined as a (1) veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs; or (2) a person who was discharged or released from active duty because of a service-connected disability.

The term “**Active Duty Wartime or Campaign Badge Veteran**” means any veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

The term “**Armed Forces Service Medal Veteran**” means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded.

The term “**Recently Separated Veteran**” is defined as any veteran discharged or released from active duty in the past three years.

If you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box or boxes below.

- Disabled Veteran
- Active Duty Wartime or Campaign Badge Veteran
- Armed Force Service Medal Veteran
- Recently Separated Veteran, including Date of Discharge _____
- I am not a protected veteran, or I choose not to disclose my protected veteran status.

Print Name

Work Location

Signature

Date

Central Garden & Pet is an Equal Employment Opportunity and Affirmative Action Employer of Females, Minorities, Veterans and Disabled.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.