Suggs Kennel, Inc. 229 Lafayette Drive Augusta, GA 30909 706.736.6406

Application for Employment

| PERSONAL INFORMATION (Please write clearly) | | | | |
|---|------------------|--------------------|-----------------|--|
| | | | Date | |
| | | | | |
| Name | | | | |
| First | | Last | | |
| Present address | | | | |
| | Number | Street | | |
| | | | | |
| City | State | Zip | | |
| | | | | |
| Cell: () | E-mail | | _@ | |
| EMPLOYMENT | DESIRED | | | |
| Position(s) applied for Kennel Technician I | | | | |
| Employment desired ■On-Call/Seasonal | | | | |
| When are you available to start work? | | | | |
| EDUCATION | | | | |
| TYPE OF | NAME OF SCHOOL & | DEGREE/DIPLOMA/GED | NUMBER OF YEARS | |
| SCHOOL | LOCATION | | COMPLETED | |
| High School | | | | |
| | | | | |
| | | | | |
| College/ university | | | | |
| | | | | |
| | | | | |

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. *Complete ALL information, even if attaching a Resume.*

| Name of Employer Address | | | Name of last supervisor | Employment dates | Pay or salary | |
|--|------------------|-----------------------|----------------------------|---------------------|-----------------|--|
| City, State, Zip Phone number | | | | From | Start | |
| Phone number | | | | То | Final | |
| May we contact? | Yes | 🗆 No | Your last job title |) | | |
| Reason for leaving (| be specific) | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | |
| | | | | | | |
| Name of Employer Address | | | Name of last supervisor | Employment dates | Pay or salary | |
| City, State, Zip Phone number | | | | From | Start | |
| Those number | | | | То | Final | |
| May we contact? | Yes | 🗆 No | Your Last Job Ti | tle | | |
| Reason for leaving (| be specific) | | | | | |
| worked at this comp | any. | | | | | |
| Name of Employer Address | | | Name of last supervisor | Employment dates | Pay or salary | |
| City, State, Zip Phone number | | | | From | Start | |
| | | | | То | Final | |
| May we contact? | Q Yes | □ No | | | | |
| Your last job title | | | | | | |
| Reason for leaving (| be specific) | | | | | |
| List the jobs you hel worked at this comp | · • | ormed, skills used | or learned, advand | ements or promo | tions while you | |
| | | | | | | |
| Have you ever been | convicted of a | a felony? | | □ Yes | 🗆 No | |
| If yes, explain numbe | er of conviction | on(s), nature of offe | nse(s) leading to c | conviction(s), how | recently such | |
| offense(s) was/were | committed, s | entence(s) imposed | I, and type(s) of re | habilitation. | | |

REFERENCES

| Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years. | | | | |
|--|---------|------------------|--|--|
| Name | | Occupation | | |
| Company name | Address | | | |
| Telephone | E-mail | Years acquainted | | |
| Name | | Occupation | | |
| Company name | Address | | | |
| Telephone | E-mail | Years acquainted | | |
| Name | | Occupation | | |
| Company name | Address | 1 | | |
| Telephone | E-mail | Years acquainted | | |

APPLICATION FORM WAIVER – PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Suggs Kennel, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner of the Company. Both the undersigned and the Company, may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company may have a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I further understand that my employment with the Company shall be probationary and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature_____

| Date |
|------|
| |