



**EMPLOYMENT APPLICATION**

**Personal Information**

Name \_\_\_\_\_ SSN \_\_\_\_\_  
 Present Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ 18 yrs or older? Y  N  Reliable Transportation? Y  N

**Employment Information**

Position Desired \_\_\_\_\_ Salary desired \_\_\_\_\_ Date you can start \_\_\_\_\_  
 US citizen or authorized to work in US? Y  N  Referred by \_\_\_\_\_  

Times you	SUN	MON	TUE	WED	THUR	FRI	SAT
can work: am	_____	_____	_____	_____	_____	_____	_____
pm	_____	_____	_____	_____	_____	_____	_____

**Education**

	<u>Name and location of school</u>	<u>No. yrs attended</u>	<u>Degree earned</u>
High School	_____	_____	_____
College	_____	_____	_____
Trade/business school	_____	_____	_____
Other	_____	_____	_____

Subjects of special study or research:

\_\_\_\_\_  
 \_\_\_\_\_

**General Information**

Special Skills \_\_\_\_\_  
 \_\_\_\_\_

US Military Service \_\_\_\_\_ Rank \_\_\_\_\_

What do you feel you can offer to this clinic, its employees, patients, and clients?

\_\_\_\_\_  
 \_\_\_\_\_

**Personal References**

Three people who have known you at least one year, and **local** phone # or address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Work Experience**

Please fill out all information for 3 most recent employers (including current employment, if any)  
Please list most recent or current employer first.

Company _____ Phone _____ Address _____ Supervisor _____ Position _____ Employed From M/Y _____ To M/Y _____ Start & End salary _____ Major Duties _____ Reason for leaving _____
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**Have you ever been convicted of a crime (non-traffic related)?**  
 Yes  No  If yes, when and for what offense? (A conviction may not necessarily disqualify an applicant)

**PLEASE READ AND SIGN**

I hereby certify that I have not knowingly withheld any information and that the answers given herein are true and complete to the best of my knowledge. I further understand that any misstatements, false or misleading information contained in this application shall be grounds for disqualification or dismissal. I authorize Animal Avian Hospital of the Village to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further authorize my former employers to disclose to the Animal Avian Hospital of the Village any and all information related to my work record without giving me prior notice of such disclosure. I release all parties from all liability for any damage that may result from furnishing said information to Animal Avian Hospital of the Village. I also understand that, if employed, I am required to abide by all rules and regulations of the employer. I have read and understand the above.

Date \_\_\_\_\_ Signature \_\_\_\_\_