

DEARBORN ANIMAL HOSPITAL EMPLOYMENT APPLICATION

NAME _____ DATE AVAILABLE TO START _____

ADDRESS _____ WAGE DESIRED _____

_____ ARE YOU UNDER THE AGE OF 18? _____

PHONE # _____

ALTERNATE PHONE # _____

SOCIAL SECURITY # _____ (IVARIFY)

EMAIL ADDRESS _____

EDUCATION (List names of schools, years completed, GPA, and areas of study)

ADDITIONAL QUALIFICATIONS (List any knowledge, skills, activities, hobbies or awards that are relevant to this position)

POSITION APPLIED FOR: _____ OFFICE _____ KENNEL _____ VET TECH / ASSISTANT

REASONS FOR WANTING THIS POSITION _____

HOURS AVAILABLE TO WORK : Fulltime for _____ hours/week Parttime for _____ hours/week

Please indicate the hours you would be available to work each day (i.e. 8 am-7 pm)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

REFERENCES (List 3 individuals not related to you whom you have known for at least 1 year.)

NAME	PHONE NUMBERS	HOW AQUAINTED

HAVE YOU BEEN CONVICTED OF A FELONY CRIME OR MISDEMEANOR WITHIN THE PAST 9 YEARS? If yes, please state details.

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OR EMPLOYEE OF A RADICAL ANIMAL RIGHTS GROUP SUCH AS PETA? _____

WORK EXPERIENCE (List all previous employers in the past 5 years, starting with the most recent.)

EMPLOYER _____
ADDRESS _____

PHONE # _____

POSITION _____
SUPERVISOR'S NAME _____
REASON FOR LEAVING _____

EMPLOYER _____
ADDRESS _____

PHONE # _____

POSITION _____
SUPERVISOR'S NAME _____
REASON FOR LEAVING _____

EMPLOYER _____
ADDRESS _____

PHONE # _____

POSITION _____
SUPERVISOR'S NAME _____
REASON FOR LEAVING _____

EMPLOYER _____
ADDRESS _____

PHONE # _____

POSITION _____
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REASON FOR LEAVING _____

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ADDRESS _____

PHONE # _____

POSITION _____
SUPERVISOR'S NAME _____
REASON FOR LEAVING _____

EMPLOYER _____
ADDRESS _____

PHONE # _____

POSITION _____
SUPERVISOR'S NAME _____
REASON FOR LEAVING _____

EMPLOYER _____
ADDRESS _____

PHONE # _____

POSITION _____
SUPERVISOR'S NAME _____
REASON FOR LEAVING _____

EMPLOYEE STATEMENT

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I agree to have any of the statements I have made checked unless I have indicated to the contrary. I authorize the references listed and other individuals who you may contact to provide any and all information concerning my previous employment or any other pertinent information they may have. Furthermore, I release all parties and persons from any and all liability for damages that may result from furnishing such truthful information as well as from the disclosure of such information by the employer or any of its employees or representatives. I understand that Dearborn Animal Hospital reserves the right to require drug testing of all applicants and employees at any time, and that drug testing, a police background check, and/or a credit check may be required prior to hiring. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or if I am hired, my dismissal from employment.

I understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Applicant's Signature

Date