



EMPLOYMENT APPLICATION

PLEASE PRINT

Name _____ DATE _____

Address _____

City, State, Zip _____

Contact Phone _____ Social Security # _____

Position for which you are applying _____ Date available to begin _____

Salary Desired _____

EMPLOYMENT RECORD Current or most recent First

Dates: To _____ From _____ Employer: _____ City, St _____
Supervisor: _____ Phone: _____ Reason for leaving: _____
Job Title: _____ Salary: _____
Job Description: _____ _____

Dates: To _____ From _____ Employer: _____ City, St _____
Supervisor: _____ Phone: _____ Reason for leaving: _____
Job Title: _____ Salary: _____
Job Description: _____ _____

Dates: To _____ From _____ Employer: _____ City, St _____
Supervisor: _____ Phone: _____ Reason for leaving: _____
Job Title: _____ Salary: _____
Job Description: _____ _____

Please indicate any employer we may **NOT** contact: _____

If hired, can you show proof of legal authorization to work in the United States? _____

Are you at least 18 years of age? _____

If under 18 years of age, can you produce a work permit upon hire? _____

Are you available to work our office hours:

Medical Technician/Receptionist M-F 7:30 – 7PM, Sat. 8- 12 YES _____ NO _____

Kennel/doggie day care M-F 7:30-7 Sat and Sun. split shift between 7:30 and 6 Pm YES _____ NO _____

Schedule Conflicts: _____

Do you have any convictions as an adult? A conviction will not necessarily disqualify you from employment. _____

Do you have any physical limitations that would preclude you from working? Yes _____ No _____

If yes, please explain: _____

EDUCATION

School

No. of years attended

Did you graduate?

High School _____

College _____

Other _____

REFERENCES

Name: _____ Address: _____

Professional Personal Years Acquainted: _____ Phone: _____

Name: _____ Address: _____

Professional Personal Years Acquainted: _____ Phone: _____

Name: _____ Address: _____

Professional Personal Years Acquainted: _____ Phone: _____

Name: _____ Address: _____

Professional Personal Years Acquainted: _____ Phone: _____

Please read the following before signing

I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work will disqualify me from employment.

I understand that if hired, my status will be of an employee at will, with no contractual right, express or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated at any time, with or without cause or notice, at the option of either the employer or myself. I understand that no one, other than the practice's hospital director, in writing, may enter into an agreement for employment on my behalf or make any agreement contrary to the foregoing.

I understand that if hired, I may be required to undergo a physical exam and drug and alcohol screening. The examination and the test will be performed at the practice's expense, by the practice's choice of physician.

I authorize the practice to investigate, confirm, and supplement any information contained on the application and to contact other employers unless otherwise stated below.

APPLICANT'S SIGNATURE: _____ DATE: _____