

# VETERINARY HOSPITAL Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Pay	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
<b>High School</b>		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
<b>College</b>		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
<b>Other</b>		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
<b>Full Name</b>	Relationship
Company	Phone (     )
Address	
<b>Full Name</b>	Relationship
Company	Phone (     )
Address	
<b>Full Name</b>	Relationship
Company	Phone (     )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
<p>In the event that the applicant agrees to accept a position with the company, Japal S. Deo, Inc, the applicant agrees that the employment relationship between the company and the employer is an at-will relationship and that the employment and compensation can be terminated, with or without cause, and at any time, at the option of either the company or the employee.</p> <p>I certify that the information contained in this application is true and complete to the best of my knowledge. If the company determines that any of the information submitted in this application is false, I shall be immediately disqualified from consideration for employment and/or discharged from employment in accordance with company policy.</p> <p>I hereby grant permission to the company to investigate the information contained in this application and release the company and any agents or other persons acting on behalf of the company from any and all liability relating to any investigation of the information contained in this application.</p>	
Signature	Date