

# Application for Employment

Name		Social Security Number	
Street	City, State		Zip
Home Phone	Second Phone		Email Address
Position Applying for	Desired Wage		Date you can begin work
Check Only One: <input type="checkbox"/> Full Time <input type="checkbox"/> Full or Part Time <input type="checkbox"/> Part Time <input type="checkbox"/> Any	List any schedule restrictions you may have:		

The DEA requires us to ask these questions of every applicant.

Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing any criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence.  Yes  No

In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details.  Yes  No

Details:

## EDUCATION / TRAINING HISTORY

List colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one)  YES  NO

Name and Location Of School, College, or University	Course of Study (List Major)	Credits Earned	Did You Graduate? (Yes / No)	Degree or Certificate Received
A				
B				
C				

## SKILLS OR EXPERIENCE PERTAINING TO THE POSITION FOR WHICH YOU ARE APPLYING

Experience with animals (your pets), office skills etc.

## PROFESSIONAL REFERENCES

Non relatives who you have known at least 1 year. List the reference name, phone number, occupation, and how you know them.

1

2

3

**WORK HISTORY**

List current or most recent first.

**JOB NUMBER 1**

NAME OF EMPLOYER		EMPLOYER'S PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER		
YOUR JOB TITLE		DUTIES (List all duties you performed.)	Beginning Salary	Ending Salary
FROM (MONTH - YEAR)	TO (MONTH-YEAR)			
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)			
Reason for leaving this position:				

**JOB NUMBER 2**

NAME OF EMPLOYER		EMPLOYER'S PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER		
YOUR JOB TITLE		DUTIES (List all duties you performed.)	Beginning Salary	Ending Salary
FROM (MONTH - YEAR)	TO (MONTH-YEAR)			
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)			
Reason for leaving this position:				

**JOB NUMBER 3**

NAME OF EMPLOYER		EMPLOYER'S PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER		
YOUR JOB TITLE		DUTIES (List all duties you performed.)	Beginning Salary	Ending Salary
FROM (MONTH - YEAR)	TO (MONTH-YEAR)			
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)			
Reason for leaving this position:				

**CERTIFICATION AND SIGNATURE**

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- I certify that all statements contained herein are true and complete.
- I understand that if hired, I must prove that I am legally authorized to work in the United States.
- I authorize **Fox River Animal Hospital** to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- I authorize **Fox River Animal Hospital** to check my driving record if the position for which I am applying requires driving.
- I authorize **Fox River Animal Hospital** to run a credit history check and criminal history background check as a condition of employment.
- I release **Fox River Animal Hospital** and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.

Signature	Print	Date	/	/
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