

VERANDAH PET 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 Salary | |
| Position Applied for | | | | Are you under 18 years of age? | |
| 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 employer? | | 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 | |
| Days and hours you are available for work: | | | | Are you willing to work weekends? | |
| EDUCATION | | | | | |
| High School | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| REFERENCES | | | | | |
| <i>Please list three professional references.</i> | | | | | |
| Full Name | | | Relationship | | |
| Company | | | Phone () | | |
| Address | | | | | |
| Full Name | | | Relationship | | |
| Company | | | Phone () | | |
| Address | | | | | |
| Full Name | | | 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 | | |

Are you active in the reserves?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|