

APPLICATION FOR EMPLOYMENT

Pre-employment Questionnaire
Equal Opportunity Employer

PERSONAL INFORMATION

Name _____ Email _____
(Last Name First)

Present Address _____
(Street, City, Zip Code)

Permanent Address _____
(Street, City, Zip Code)

Phone Number _____ Referred By _____

Do you have any objections to working in a smoke free environment? YES NO
(Please Circle)

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Are you available for part-time or full-time? _____

Highlight hours available: Mon. Tues. Wed. Thurs. Fri. Sat.
8a-4p 8a-4p 8a-4p 8a-4p 8a-4p 8a-12p

Are you employed? YES NO If so, may we contact your present employer? YES NO
(Please Circle) (Please Circle)

FORMER EMPLOYERS

Name and Address of Employer _____

Dates Employed (Month & Year) From _____ to _____

Salary _____ Position _____

Reason for Leaving _____

Name and Address of Employer _____

Dates Employed (Month & Year) From _____ to _____

Salary _____ Position _____

Reason for Leaving _____

EDUCATION

Name and Location of School Years Attended Did you graduate? Subjects Studied

Grammar

High School

College

Trade, Business or Correspondence School

REFERENCES

Give below the names of three persons not related to you, whom you have known for at least one year.

Name	Address & Phone Number	Business	Years Known
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AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative.”

This application will be kept on file for 6 months, thank you for your consideration in our company.

Signature: _____ Date: _____

**PLEASE SAVE THIS APPLICATION AS A DOCUMENT AND SUBMIT TO
killianhillanimalhosp@gmail.com**