

EBENEZER ANIMAL HOSPITAL

Application for Employment

PLEASE PRINT CLEARLY

Web Version 2.02

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

PERSONAL

Social Security Number _____ Today's Date _____

Applicant's Full Name _____

Name of Person Filling Out This Application _____
LAST FIRST MIDDLE

Address _____

Street City State Zip

Phone numbers (include area code) _____

Home Cell Pager

POSITION APPLIED FOR _____ Rate of Pay Expected \$ _____ per hour

Would you work ___ Full Time ___ Part Time. Specify days and times available _____

Do any friends or relatives work here? _____ If so, who? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here?

You may add any comments you think are important: _____

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

For jobs with minimum age requirements:

Date of Birth M ___ D ___ Y ___ For Driving Jobs Only: Do you have a valid Driver's License? _____

Driver's License Number _____ Class of License _____

Have you had your driver's license revoked or suspended in the last three years? _____ Yes _____ No

If hired, can you furnish proof you are eligible to work in the United States? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

A "yes" does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.

If yes, please explain _____

Have you previously applied here? ___ Yes ___ No When and for what position _____

Have you worked for any firm under another name than the one used today? _____ Yes _____ No

If yes, which name _____

PERSONAL REFERENCES (NOT former employers or relatives!)

Name & Occupation	Address	Phone Number(s)

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (not including racial, religious or nationality groups)

Name or Description of Organization	From	To	Offices Held

EDUCATION

Name of School	From Mo/Yr	To Mo/yr	Degree/Diploma, Certificate, or Not Finished	Grade Average
High School:				
College:				
Vocational, Technical, or Jr College, Correspondence School:				
Other:				

COMPUTER SKILLS

Type of Computer (PC, MacIntosh, MainFrame)	Operating System	Software	Dates Trained (mo/yr to mo/yr)

WORK HISTORY (Begin with the most recent, list all past employers including military experience)

Name of Company:		Business Address- Street:	
		City: State: Phone: ()-	
Type of Business:	Immediate Supervisor:	Dates Employed: From To	
	Earnings at hire:		
	Earnings at termination:		
Description of Duties:			
Most Liked:			
Least liked:			

Work History Continued on Next Page....

WORK HISTORY (Continued)

Name of Company:		Business Address- Street:	
		City:	State: Phone: ()-
Type of Business:	Immediate Supervisor:	Dates Employed: From To	
	Earnings at hire:		
	Earnings at termination:		
Description of Duties:			
Most Liked:			
Least liked:			

Name of Company:		Business Address- Street:	
		City:	State: Phone: ()-
Type of Business:	Immediate Supervisor:	Dates Employed: From To	
	Earnings at hire:		
	Earnings at termination:		
Description of Duties:			
Most Liked:			
Least liked:			

Please Note: Only those applications that are completely filled out will be considered. All information requested is considered important. Where information is not applicable or available, please make note of the reason. Employees may be subject to drug testing or polygraph.

In case of emergency, please notify: _____ Relationship: _____
 Address: _____
 Street City State Zip Phone no.

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I understand there is no expressed or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer's only obligation being to pay salary and wages due and owing at the time of termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from the final paycheck(s) all monies due and owing to the company.

Signature _____ Today's Date _____