



Hamilton Animal Care, LLC

6110 Hamilton Boulevard

Wescosville, PA 18106

(610) 395-0707

www.hamiltonanimalcare.com

Application for Employment

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone(s): (H) _____ (M) _____ Email: _____

Social Security No.: _____ Birthdate: _____ Date Available: _____

Position applied for: _____ Desired Salary: _____ Hours/week desired: _____

Are you currently employed? YES ☐ NO ☐ May we contact your present employer? YES ☐ NO ☐

If hired, can you provide proof that you are legally able to work in the United States? YES ☐ NO ☐

Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES ☐ NO ☐

If yes, please describe: _____

**Hamilton Animal Care Veterinary Hospital, LLC is open 7 days a week. Please indicate days and hours you are available by selecting no limitations, not available (n/a), am, pm or both in boxes below:*

No Limitations	Sunday am pm n/a	Monday am pm n/a	Tuesday am pm n/a	Wednesday am pm n/a	Thursday am pm n/a	Friday am pm n/a	Saturday am pm n/a
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Emergency Contact

In case of emergency notify:

Name: _____ Address: _____ Phone: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Date from: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Date from: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Date from: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO
☐ ☐

References

Please list three personal references of persons not related to you, whom you have known at least one year. Note that you are authorizing Hamilton Animal Care to contact the persons and/or organizations listed below for purposes of obtaining employment reference information including information contained in personnel file and hereby authorize those persons and/or organizations to disclose such information.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Disclaimer and Signature

"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 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 all parties from liability for any damage that may result from furnishing same to you.

I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery."

Signature: _____ Date: _____