

## 1. APPLICANT INFORMATION

Applicant Name				
First		Middle		Last
Personal Inform	ation			
Date of Birth		Social Security Number		Sex: M F (Circle One)
Home Address				
Street				
City	County	State	Zip	
Contact Informa	tion			
Home Phone		Business Phone		Email Address
2. <u>POSITION</u>	APPLYING FO	R		
Job Title/Type of	Work	Desired Salary (per hour)		Available Start Date
How did you learn	n about this ope	ning?		

Are there any limitations on the hours you are able to worl If yes, explain?						ork? Y	N	(Circle One)
without reas	onabl	e accon			for the	positi Y	on you N	are applying for (Circle One)
Can you submit verification of your legal right to work in the US?						JS?	Y (Circ	N cle One)
expunged, or	legal	ly eradi	cted of a crime? cated, and misd as dismissed)	•				
legal disposi solely because	tion of se the natur	f the cas	nature of the cr se. The compan nt has been cor and circumstan	ny will not deny nvicted of a cri	y empl me. Tł	oyme ne com	nt to an ipany, ł	y applicant
3. <u>EDUC</u>	CATIO	<u>N</u>						
Begin with th	ne mo	st recen	t College/Unive	ersity/Technic	al Sch	ool/et	с.	
Name of Edu	cation	nal Insti	tution		City,	State		
Major				No. of Years				
Graduate?	Y	N	(Circle One)					
Degree?	Y	N	(Circle One)	If yes, type of	f degre	e?		
Any professi job you are a If yes, please	pplyii	ng for?	ions, certificatio	ons or other tr	aining	or edi Y	ucation N	related to the (Circle One)

## 4. <u>EMPLOYMENT HISTORY</u>

<u>.                                  </u>		
NAME OF EMPLOYER	ADDRESS/LOCATION	DATES EMPLOYED
		FROM TO
TYPE OF BUICNESS	DOCTION /TITLE	CALADY
TYPE OF BUISNESS	POSTION/TITLE	SALARY STARTING FINAL
		STARTING PINAL
SUPERVISOR'S NAME	SUPERVISORS TITLE	PHONE
DEACON FOR LEAVINGS		
REASON FOR LEAVING?		
NAME OF EMPLOYER	ADDRESS/LOCATION	DATES EMPLOYED
TANGE OF EMPLOYER	TID DIVERSITY ENGINEERS	FROM TO
TYPE OF BUISNESS	POSTION/TITLE	SALARY
		STARTING FINAL
SUPERVISOR'S NAME	SUPERVISORS TITLE	PHONE
REASON FOR LEAVING?		
NAME OF EMPLOYER	ADDDECC // OCAMION	DAMEC EMPLOYED
NAME OF EMPLOYER	ADDRESS/LOCATION	DATES EMPLOYED FROM TO
		FROM 10
TYPE OF BUISNESS	POSTION/TITLE	SALARY
		STARTING FINAL
CHDEDVICOD'S NAME	CHDEDVICODE TITLE	DHONE
SUPERVISOR'S NAME	SUPERVISORS TITLE	PHONE
REASON FOR LEAVING?		

May we contact your current employer?

(Circle One)

Y

N

## 5. APPLICANT'S CERTIFICATION AND RELEASE

I certify that the facts given in my resume' and/or Application for Employment are true and correct. I understand that ii employed, any false or misleading statements, omissions, or failure to fully answer any requested item on this application or on any document used to secure employment shall be grounds for rejection of this application or for my termination from employment, if I am employed, regardless of when such information is discovered. I authorize Victoria Park Animal Hospital to secure background information on my work record, education, and other matters related to my suitability for employment. I authorize my references and background sources to disclose information about me to the Company, without giving me prior notice of such disclosure. I hereby release the Company, my former employers, and all other sources from any and all claims, demands, or liabilities arising out of or in any way related to securing such information or disclosures.

I understand that nothing contained in the application, or information conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between the Company and me. I understand that any employment with this Company is at will," which means that either the Company or I can terminate the employment relationship at anytime with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the Company has any authority to alter the foregoing unless a specific term of employment is in writing end signed by the Company President.

APPLICANT SIGNATURE	DATE