



Application for Employment

Date _____ Position Applying For: _____

Full Name _____

Street Address _____ City _____

State _____ Zip Code _____ Phone _____

Email _____

Referred by _____

Are you under the age of 18? _____ Legally authorized to work in US? _____

Are you willing to agree to a background check? Yes NO

Have you ever been employed by our hospital? Yes NO

If yes, list position along with month & year _____

Looking for: Part-Time Full-Time Temporary/Seasonal Volunteer

Availability to start: _____

If hired, would this be your primary employment? Yes NO

Any days/times you **CANNOT** work or have scheduling conflicts: (mark all that apply)

- Monday Wednesday Friday Sunday Afternoons
 Tuesday Thursday Saturday Mornings Evenings

Additional Conflict Info: _____

Time off needs over the next 90 days (this includes pre-planned vacations, appointments, obligations):

Are there any physical limitations which prevent you from performing certain jobs? Yes NO

If yes, please describe _____

Skills (check all that apply)

- Typing: Speed _____ Internet Multi-line phones Order Processing
 Touch Ten Key Word Fax / Copiers Customer Service
 Keyboard/Mouse Excel Retail Sales Telephone Sales
 Data Entry Access Shipping POS Systems

EDUCATION	NAME & LOCATION	COURSE OF STUDY	DID YOU GRADUATE	IF NOT, # OF YEARS COMPLETED
HIGH SCHOOL				
COLLEGE				
OTHER				

WORK HISTORY (Please begin with most recent)

Company Name _____ Position(s) _____

Address _____

Phone number _____ Supervisor _____

Employed from _____ to _____

Duties/Responsibilities _____

Reason for leaving _____

May we contact this employer? Yes NO

Company Name _____ Position(s) _____

Address _____

Phone number _____ Supervisor _____

Employed from _____ to _____

Duties/Responsibilities _____

Reason for leaving _____

May we contact this employer? Yes NO

Company Name _____ Position(s) _____

Address _____

Phone number _____ Supervisor _____

Employed from _____ to _____

Duties/Responsibilities _____

Reason for leaving _____

May we contact this employer? Yes NO

REFERENCES

Name _____ Years _____ Phone _____

Name _____ Years _____ Phone _____

Name _____ Years _____ Phone _____

STATEMENTS AND AGREEMENTS (Please read carefully before signing this application)

Only U.S. citizens and others lawfully authorized to work in the United States will be hired.

I understand that I will have to undergo a criminal background check to receive clearance for my employment.

I certify that the information contained in this application is correct to the best of my knowledge and that any false or misleading information provided is grounds for dismissal or rejection of my application for employment.

I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I agree that my previous employers may release all information regarding my employment history and I hereby release my previous employers and this company from all claims and liabilities arising from the release of such information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time and Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any statement, conduct, or written document, unless such change is specifically acknowledged in writing by both an authorized executive of this company and the Employee.

Andover Animal Hospital is an equal opportunity employer.

Signature _____

Date _____