

Country Animal Hospital

Application for Employment

Personal Information Date _____

Name _____ Social Security Number _____
Last First M.I.

Present Address _____
Street City State

Permanent Address _____
Street City State

Phone Number _____ Referred By _____

Will you abide by the Rules and Regulations of this company? Yes No

Drivers License Number _____ State _____

Employment Desired

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Education Indicate highest grade completed

Elementary 6 7 8 High School 1 2 3 4 College 1 2 3 4 5 6

Approximate Grade Avg. in High School _____ College _____

Name of High School _____ Location _____ Yr. Graduated _____

Other Schools	Name and Location of School	Years Attended	Date Graduated	Subjects Studied
College				
Trade, Business or Correspondence School				

*The age discrimination in employment act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

General

Subjects of special study or research work _____

Other activities and interests _____

What foreign languages do you speak fluently? _____ Read _____ Write _____

U.S. Military or Naval Service _____ Rank _____

Present membership in National Guard or Reserve _____

Former Employers List below last four employers, starting with last one first

Date Month and Year	Name and Phone Number of Employer	Salary	Position	Reason for leaving	May we contact?
From To					
From To					
From To					
From To					

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

Name	Phone Number	Business	Yrs Acquainted

Your Health or Physical Condition

To your knowledge do you have any of the following ailments: (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Hernia or Rupture | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Back Injury |
| <input type="checkbox"/> Defective Sight | <input type="checkbox"/> Defective Hearing | <input type="checkbox"/> Rheumatism |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Heart Trouble |

Other ... Please Describe _____

List injuries for which you received workmen's compensation: _____

List any physical deficiencies, illness or handicaps that you have or had that could affect your work abilities: _____

Have you had a physical examination in the past 2 years? _____ When _____

Reason for examination _____ Are you willing to take a physical examination now? _____

Special Questions

Do not answer any of the questions in this frames area unless employer has check a box preceding a question. Thereby indicating that the information is required for a bona fide occupational qualification, or dictated by National Security Laws or is needed for other legally permissible reasons.

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Height: ___ Feet ___ Inches | <input checked="" type="checkbox"/> Sex: _____ | <input checked="" type="checkbox"/> Citizen of U.S. ___ Yes ___ No |
| <input checked="" type="checkbox"/> Weight: _____ lbs | <input checked="" type="checkbox"/> Marital Status: _____ | <input checked="" type="checkbox"/> Date of Birth* _____ |
| <input checked="" type="checkbox"/> Credit References..Previous or current | | |

Business	Address	Credit Extended

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In case of emergency notify _____

Name	Address	Phone
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I authorize and request each employer, person, firm or corporation named herein to answer all questions that may be asked, and to give all information that may be sought, in connection with this application or concerning me or my work, credit, character, skill or action in any transaction. Unless otherwise indicated, Country Animal Hospital is authorized to make any inquiries deemed necessary, including without limiting the generality of the foregoing, any questions concerning my work habits, quality of work, punctuality, required supervision, ability to get along with others and sales ability in any transaction and any questions concerning credit extended to me and the amount now owing by me in any transaction. I certify that all statements in this application are true. I understand that misrepresentation nor omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature _____ Date _____