

GLENWAY ANIMAL HOSPITAL

Application for Employment

Please print clearly.
Spelling counts! If you need a dictionary please ask for one.

Name _____ Date _____
Last First MI

Present Address _____
No Street City State zip

Telephone Number _____ E-mail Address _____

Which position are you interested in? _____

Glenway Animal Hospital's Doctors and Staff strive to provide our patients and clients with the best available veterinary care and customer service. Our clients don't care how much we know until they know how much we care! Do you feel comfortable with that philosophy?

YES NO

Sometimes doing what is right for our patients means working long hours or overtime. Will this be a problem for you?

YES NO

Are you willing to work weekends?

YES NO

What talents or skills do you possess that will enable you to help our clients and patients?

Will you perform jobs that involve cleaning? YES NO

Glenway Animal Hospital's patient list currently includes dogs, cats, ferrets, pocket pets, rabbits, and, on a limited basis, birds. Do you have a problem dealing with any of these species?

YES NO

Social Security No. _____ Driver's License No. _____

Personal References (Do not list relatives.)

1. Name _____ Address/Phone No. _____

How does this person know you? _____

2. Name _____ Address/Phone No. _____

How does this person know you? _____

3. Name _____ Address/Phone No. _____

How does this person know you? _____

Education History

Please list any degrees that you have earned and the school(s) you have attended.

Work History

Please list all past employers including any military experience.

1. Name of Company _____ Position _____

Company Address _____ Phone No. _____

Date Employed _____ Reason for Leaving _____

From _____ To _____

Description of duties: _____

2. Name of Company _____ Position _____

Company Address _____ Phone No. _____

Date Employed _____ Reason for Leaving _____
From _____ To _____

Description of duties: _____

3. Name of Company _____ Position _____

Company Address _____ Phone No. _____

Date Employed _____ Reason for Leaving _____
From _____ To _____

Description of duties: _____

Affidavit

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. **I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.** I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____