



# APPLICATION FOR EMPLOYMENT

Please print – **All questions must be answered**

An Equal Opportunity Employer

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

## EMPLOYMENT INTEREST

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Salary range desired: \_\_\_\_\_ Date available for work: \_\_\_\_\_

Type of position: ☐ Full time ☐ Part time ☐ Other : \_\_\_\_\_

Are you available to work the following: Overtime: ☐ Yes ☐ No Evenings: ☐ Yes ☐ No  
Weekends: ☐ Yes ☐ No Holidays: ☐ Yes ☐ No

## GENERAL INFORMATION

1. Are you a U.S. citizen or an alien legally authorized to work in the U. S.? ☐ Yes ☐ No
- Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.
2. Are you at least 18 years of age? ☐ Yes ☐ No If not, birthdate: \_\_\_\_\_
- Note: We are required to obtain a work permit from all employees under age 18 before they begin work. Generally, work permits are issued at the school the minor is attending. If you are under 18 and do not currently have a work permit, please contact your school.
3. Referral source: \_\_\_\_\_
4. Have you applied to this company before? ☐ Yes ☐ No If yes, when? \_\_\_\_\_
5. Have you been employed by this company before? ☐ Yes ☐ No If yes, when? \_\_\_\_\_
6. Do you have any relatives employed by this company? ☐ Yes ☐ No If yes, please list names, relationships and positions.  
\_\_\_\_\_
7. Have you ever been discharged or suspended by an employer? ☐ Yes ☐ No If yes, describe.  
\_\_\_\_\_

## EMPLOYMENT HISTORY

Starting with your most recent employment, list employment for the past 10 years including self-employment, summer, part-time, and part or full-time military service. You may include any work performed on a volunteer basis.

Company	From (month/year)	To (month/year)	Starting salary	End salary
Street	Job Title		Supervisor	
City, State, Zip	Telephone			
Work performed	Reason for leaving (or planning to leave)			

Company	From (month/year)	To (month/year)	Starting salary	End salary
Street	Job Title		Supervisor	
City, State, Zip	Telephone			
Work performed	Reason for leaving			

Company	From (month/year)	To (month/year)	Starting salary	End salary
Street	Job Title		Supervisor	
City, State, Zip	Telephone			
Work performed	Reason for leaving			

## EDUCATION

Please check the last year of formal education completed:

☐ 9  
 ☐ 10  
 ☐ 11  
 ☐ 12  
 ☐ 13  
 ☐ 14  
 ☐ 15  
 ☐ 16  
 ☐ 17  
 ☐ 18  
 ☐ 18+

If you did not complete high school, do you have a high school equivalency diploma (GED)? ☐ Yes   ☐ No

	Name and Location of Institution	Type of Degree or Diploma	Major course of study	Did you graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Other Training or Skills (Machines operated, special courses, computers, typing, special licenses, permit or certificates)**

Please identify the job for which you are applying and write a paragraph as to why you are qualified.

**REFERENCES**

List three Supervisory references you have known over three years who are not related to you.

Name	Company/Occupation	Years Known	Telephone Number

**Notice to all applicants:**

Employment with Alliance Animal Hospital may be contingent upon the applicant passing a reference check, background check and/or drug screening test. If applicable, the drug screening test will be administered at a time and place specified by Alliance Animal Hospital. Alliance Animal Hospital has the right to revoke any offer of employment based on the failure of a drug screen or a failed background check.

Alliance Animal Hospital is authorized to investigate all statements made on the application and to discuss the results of its investigations with those responsible for hiring. Alliance Animal Hospital may also contact my former employer(s) or other persons who can verify information.

I have read and agree to the conditions stated above. I give my consent to former employer(s) and other contact persons to respond to questions pertaining to information on this application. Further I release from liability such former employer(s) or other persons contacted by and providing information to Alliance Animal Hospital. I acknowledge that all the above statements are true. Falsification on an employment application is grounds for immediate termination.

Applicant Name (*Please print.*)

Applicant Signature:

Date: