

**APPLICATION FOR EMPLOYMENT AT
LEESVILLE ANIMAL HOSPITAL**

General Information

Name: _____

Address: _____

_____ How long at this address: _____

Phone: (_____) _____ H W C Phone: (_____) _____ H W C

Email: _____

How did you hear about our hospital and/or job opportunities?

Position Applied For: _____ Salary Desired: _____/hr

Desired Start Date: _____ Are you currently employed? _____

If yes, may we contact employer? _____ Provide Supervisor's Name & Phone:

Have you applied here before? _____ If yes, when: _____

Have you ever been convicted of a felony? _____ If yes, please explain: _____

Education

High School Name & Location: _____ Graduated? _____

College/Trade School Name & Location: _____

Areas of Study: _____ Degree/Certificate: _____

Special skills/training and/or special interest(s) pertaining to position applied for:

US Military Details: _____

Employment History

Dates	Name & Address	Salary	Position	Reason for Leaving
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List additional employment on back

References (Persons unrelated to you)

Name	Contact Information	Years Known
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I certify that the facts contained herein are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein. I authorize references and employers listed above to give you any and all information concerning my previous employment, including any pertinent information, personal or otherwise. I further release the company from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal and state laws.

Printed Name

Signature

Date