

GENTLE CARE
ANIMAL HOSPITAL

Application for Employment
(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: (last) _____ (first) _____ (middle) _____

Present address: _____ City/State/Zip _____

Permanent Address (if different from above): _____

Telephone Number: _____ SS#: _____

Cell Phone: _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must present satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, green card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

II. Position Information

Position Applying For: _____

1.) Is there any information we would need to know about your name or the use of another name for us to be able to check your work record? Please specify.

2.) Do you have any relatives who are presently (or have formerly been) employed by Gentle Care Animal Hospital? _____

3.) How were you referred to Gentle Care Animal Hospital? _____

4.) Have you ever been convicted of a felony? Yes _____ No _____ If yes, please explain.

III. Educational History

School Name/Location	Years Completed	Degree/Diploma
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High School: _____

College: _____

Tech Training: _____

Other: _____

IV. Employment Record - (Current/Most Recent Employer First)

1.) Company Name: _____
Address: _____
Position Held: _____ Date Employed (From / To) _____
Manager/Supervisor: _____ Telephone: _____ Wage/Salary _____
Reason for Leaving: _____

2.) Company Name: _____
Address: _____
Position Held: _____ Date Employed (From / To) _____
Manager/Supervisor: _____ Telephone: _____ Wage/Salary _____
Reason for Leaving: _____

3.) Company Name: _____
Address: _____
Position Held: _____ Date Employed (From / To) _____
Manager/Supervisor: _____ Telephone: _____ Wage/Salary _____
Reason for Leaving: _____

Note: Use a separate sheet to list additional employers, if necessary. Please list any employers you **DO NOT** want us to contact and your reason for the exclusion. We will contact all of the employers listed on this application unless you specifically exclude them below.

Employers Name: _____ Reason: _____

Employers Name: _____ Reason: _____

V. Work Availability

1.) If your application receives favorable consideration, when will you be available to begin work?

2.) Do you have any objection to working overtime? Yes _____ No _____

3.) Can you work overtime without prior notice? Yes _____ No _____

4.) Can you work on Saturday? Yes _____ No _____

5.) Can you work on Sunday? Yes _____ No _____

6.) What days and times are you available: _____

VI. Salary/Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

VII. References - Please do not include relatives or former employers.

1.) Name: _____ Years Known: _____

Address: _____ Telephone: _____

Occupation: _____

2.) Name: _____ Years Known: _____

Address: _____ Telephone: _____

Occupation: _____