

CareFirst Animal Hospital

Application for Employment

(Please Print)

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Personal :

Last Name	First	Middle	Date
<hr/>			
Street Address			Home Phone
			()
City, State, Zip			Business Phone
			()
Have you ever applied for employment with us? ____ yes ____ no			Social Security #
If yes: Month and Year _____ Location _____			_____
Position Applying for:			Pay expected
<hr/>			\$ _____ per _____

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 over time 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: _____

Education:

School	Name and location of School	Course of Study	No. Of years completed	Did you graduate ?	Diploma or Degree
Graduate					
College					
Business/Trade school					
High School					
Elementary					

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Employment:

1	Company Name	Telephone
	Address	Employed - (Give Month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

2	Company Name	Telephone
	Address	Employed - (Give Month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

3	Company Name	Telephone
	Address	Employed - (Give Month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

DO NOT CONTACT

We may contact the employers listed above unless you indicate those you do not want us to contact.

Employer Number _____ Reason _____

Additional Information:

Are you legally eligible for employment in the United States? _____

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

How were you referred to CareFirst Animal Hospital? _____

Have you ever been convicted of a crime? ____ Yes ____ No If yes please explain _____

References: Please do not include Relatives or former employers.

1) Name: _____ Years Known: _____

Address: _____ Telephone: _____

Occupation: _____

2) Name: _____ Years Known: _____

Address: _____ Telephone: _____

Occupation: _____

3) Name: _____ Years Known: _____

Address: _____ Telephone: _____

Occupation: _____

Signature:

The information provided in this application for employment is true, correct and complete.
If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon you, the

employer, to continue to employ me in the future.

Date

Signature

FOR EMPLOYERS USE ONLY

Employer	Person Contacted	Results
1		
2		
3		
4		

Tests Administered	Raw Score	Rating	Analysis and Comments

Interviewer Name and Comments