

Date _____

Pennington Animal Hospital, P.C.

Application for Employment

An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or handicap. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Personal Information

Name _____

Last

First

Middle

Present Street _____ Apt# _____

Address: City _____ State _____ Zip _____

Phone Number & Time best to call _____

Social Security Number _____

Position Applied For _____

Rate of Pay Expected: \$ _____ per hour

Would you work Full-Time _____ Part-Time _____ Specify days and hours if Part Time _____

When will you be available to begin work? _____

Do you have any physical condition which would limit your performance of the job for which you are applying?

Yes _____, No _____ If yes, please explain _____

Educational Record

High School _____ Dates Attended _____

City, State _____

College _____ Dates Attended _____ Degree _____

City, State _____

Business / Trade School _____ Dates Attended _____ Degree _____

City, State _____

Other _____ Dates Attended _____ Degree _____

City, State _____

Work History (beginning with most recent)

Name of Company _____

Address _____ City, State, Zip _____ Phone Number _____

Type of Business _____ Immediate Supervisor _____ Dates of Employment _____

Exact Job Title _____ Hourly Rate of Pay _____ Reason for Termination _____

Description of Duties _____

Name of Company		
Address	City, State, Zip	Phone Number
Type of Business	Immediate Supervisor	Dates of Employment
Exact Job Title	Hourly Rate of Pay	Reason for Termination
Description of Duties		

Name of Company		
Address	City, State, Zip	Phone Number
Type of Business	Immediate Supervisor	Dates of Employment
Exact Job Title	Hourly Rate of Pay	Reason for Termination
Description of Duties		

Personal References (Not former employers or relatives)

Name and Occupation	Address	Phone Number
Name and Occupation	Address	Phone Number

Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the Pennington Animal Hospital shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck(s) all monies due and owing to the company.

Signature _____ Date _____