



APPLICATION FOR EMPLOYMENT

(Please print clearly)

An Equal Opportunity Employer

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

Personal

Social Security No. _____ Date _____

Name _____
Last First Middle

Present address _____ Telephone no. _____
No. Street City State Zip

Position applied for _____ Rate of pay expected \$ _____ per week

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

Were you previously employed by this organization? _____ If yes, when? _____

List any friends or relatives working here, other than spouse _____

If your application is considered favorably, on what date will you be available for work? _____
Names(s) 19 _____

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here? Please add any additional comments you think are important for us to consider. _____

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.
For jobs with minimum age requirements:

Are you 18 years of age or older? yes no

For driving jobs only: Do you have a valid driver's license? yes no

Driver's license number _____ Class of license _____

Have you had your driver's license revoked or suspended in the last 3 years? yes no

If hired, can you furnish proof you are eligible to work in the United States? yes no

Have you ever been convicted of a felony? yes no

A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.

If yes, please explain _____

Have you previously applied here? yes no

If yes, when? _____

Have you worked for any firm under a different name? yes no

If yes, give name _____

Personal References (not former employers or relatives)

Name and occupation	Address	Phone number

Membership in Professional or Civic Organizations (do not include racial, religious, or nationality groups)

Name or description of organization	Active participation		Offices held
	From	To	

Education Record—Nonveterinarians Only

Name of school	Degree awarded	Grade average	Honors
High School			
College or University			
Business, Trade, Correspondence or Night School			
Other			
Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> Manual machines ____WPM <input type="checkbox"/> No <input type="checkbox"/> Electric machines ____WPM	Shorthand ____ WPM	Office machines and computers you know how to operate	

Education Record—Veterinarians Only

Name of school	Degree awarded	Grade average	Honors
High School			
College or University (Preveterinary)			
College (Veterinary Curriculum)			
Postgraduate training, including internships (include dates and degrees awarded, if any) _____ _____ _____			
Are you board certified? <input type="checkbox"/> Board eligible? <input type="checkbox"/> Which specialty board? _____			
List continuing education courses attended in the past 18 months _____ _____ _____			
List the states in which you are licensed to practice along with license numbers: _____ _____ _____			