



EMPLOYMENT APPLICATION

First Name _____ Last Name _____

Street Address _____ City _____

_____ State _____ Zip/Postal Code _____

Phone _____ E-mail address _____

Referred By _____

Position Desired _____ Full-time _____ Part-time _____

Date you can start _____

If you are currently employed, may we inquire of your current employer? yes _____ no _____

Have you ever applied to Fort Washington Veterinary Hospital before? yes _____ no _____

If so, when? _____

EDUCATION

High School _____

Did you graduate? yes _____ no _____

College _____

Did you graduate? yes _____ no _____

Graduate School _____

Did you graduate? yes _____ no _____

Technical / Trade School _____

Did you graduate? yes _____ no _____

FORMER EMPLOYERS

Please list the last four employers, starting with the most recent first. Include employer name and address, employment dates, salary, position and reason for leaving.

Most Recent Employer

Name _____

Address _____

Employment Dates _____

Position _____ Salary _____

Reason for Leaving _____

Most Recent Employer Number 2

Name _____

Address _____

Employment Dates _____

Position _____ Salary _____

Reason for Leaving _____

Employer Number 3

Name _____

Address _____

Employment Dates _____

Position _____ Salary _____

Reason for Leaving _____

Employer Number 4

Name _____

Address _____

Employment Dates _____

Position _____ Salary _____

Reason for Leaving _____

REFERENCES

Please list (3) people, not related to you, who have known you for at least one year. Include name, address, business and years known.

Reference 1

Name _____

Address _____

Years Known _____

Reference 2

Name _____

Address _____

Years Known _____

Reference 3

Name _____

Address _____

Years Known _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above may give you any and all information concerning my previous employment and release the company from all liability for any damage that may result from such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the Practice Owner, Hospital Administrator or authorized company representative. 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 (ADA) and other relevant state and federal laws. I understand and acknowledge that Fort Washington Veterinary Hospital is an Equal Opportunity Employer (EOE)."

I understand and agree with the terms listed above and request that my application is considered for employment

Your Name _____

Signature _____