ANDES-STRALEY VETERINARY HOSPITAL APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, creed, color, age, sex, religion or national origin.

Personal Information		Date		
Name				
Last	MI	First	st	
Address				
Street	City	State	Zip	
Telephone				
Are you 18 years of age or older?	Yes	No		
Referred By				
Employment Desired				
Position	Date you can	n start		
Salary Desired	F t	ull Time OR	Part Time	
Are you employed now?	If so may we o	contact your prese	nt employer?	
Ever applied at ASVH before?	If so when?			

Education

Type of School	Name Of School	# of Years Completed	Major & Degree
High School			
College			
Business or Trade School			
Professional School			

Do you have a valid driver's license?	No	Yes	
If not, what is your means of transportation to work?			
		T 7	
Have you ever been convicted of a crime?	No	Yes	

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently
such offense(s) was/were committed, sentence(s) imposed, and type(s) of
rehabilitation

Please list two references other than relatives or previous employers.

Name Position
Company
Address
Telephone

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.



WORK HISTORY

Please list your work experience for the past five years beginning with your most recent job held. Attach additional sheets if necessary.

Name of Employer Address City, State, Zip Phone Number			
Name of Supervisor Employment Date	r To From		Start Finish
Name of Employer Address City, State, Zip Phone Number Name of Supervisor Employment Date Reason For	 	Pay or Salary	Start Finish
Address City, State, Zip Phone Number Name of Supervisor	 r To From		Start Finish

MILITARY

Have you ever been in	the armed forces?	Yes	No	
Are you now a membe	r of the National Guard?	Yes	No	
Specialty	Date Entered		Discharge Date	

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date:	Signature: