

COMPANION PET CLINIC OF SW WASHINGTON, PS

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Name _____
Last First Middle

Present address _____
Number Street City State Zip

How long? _____ Telephone () _____

Position applied for _____ Salary desired _____

How many hours can you work weekly? _____ Employment desired: Full-Time Part-Time Either

Days/hours available: Mon Tue Wed Thu Fri Sat _____

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# of YEARS	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ No _____ Yes

If Yes, explain number of conviction/s, nature of offence/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	Name
Position	Position
Company	Company
Address	Address
Telephone	Telephone

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Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

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AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and 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 to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of 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 an 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 federal and state laws."

Signature _____ Date _____

Interviewed by _____ Date _____

- - - - - DO NOT WRITE BELOW THIS LINE - - - - -

Remarks

Neatness		Character	
Personality		Ability	
Hired	For Dept	Position	Salary Wages