Employment Application

Coal Mountain Animal Hospital



Applicant Information Name: Date: Last First M.I. Current Address: Street Address Apartment/Unit # City State ZIP Code How long Telephone:(Email Address: If under 18, please Date Available: list age Days/hours available to work No Pref Mon____ Tues___ Wed _ Thurs____ Fri_ ____ Sat_ Position Applied for: **Desired Salary:** How many hours can you work weekly? **Employment Desired:** Full-time only Part-time only Full or Part-time If no, are you authorized to work in the U.S.? Are you a citizen of the United States? YES Have you ever worked for this company? If yes, when? YES Have you ever been convicted of a felony? If yes, explain **Education** High School: Address: NO From: To:____ Did you graduate? Degree: College: Address: NO From: To: Did you graduate? Other: Address: NO From: Did you graduate? To: Degree: References Please list three professional references. Full Name: Relationship: Company: Phone:(Address: Full Name: Relationship: Company: Phone:(Address: Full Name: Relationship: Company: Phone:(Address:

Previous Employment			
Company:	Phone:	()	
Address:	Supervisor_		
Job Title:	Starting Salary:	Endin	g Salary: <u>\$</u>
Responsibilitie	S:		
From:	To: Reason for Leaving:		
May we contact your previous supervisor for a reference?			
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Company:			
Address:	Supervisor		
Job Title:	Starting Salary:	Endin	g Salary: <u>\$</u>
Responsibilitie			
From: _	To: Reason for Leaving: YES NO		
May we contact	t your previous supervisor for a reference?		
Company:	Phone:	()	
Address:	Supervisor		
Job Title:	Starting Salary:	Endin	g Salary: \$
Responsibilitie	3:		
From:	To: Reason for Leaving:		
May we contact	t your previous supervisor for a reference?		
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Do you have a What is your m transportation			
Please tell us why you would be a good candidate:			
Disclaimer and Signature			
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 foregoing, unless it is in writing and signed by an authorized company representative.			
Signature:		Date:	
Signature:		Date:	