

Employment Application

Programs, services and employment are equally available to everyone. Please inform the Hospital Manager if you require accommodation for the application or interview. **Please email completed applications to Dayna Weimer at DWeimer@AMCSVet.com**

Applicant Data

Date of interview: _____ Position applied for: _____

How were you referred to us: _____

Full name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell/other: _____ E-mail: _____

Date available to start: _____ Salary requirements: _____

If you are under 18 years of age, can you provide a work permit? Yes No If no please explain: _____

Have you ever worked for this company: Yes No If yes, when? _____

Are you legally allowed to work in the United States: Yes No

Type of employment desired: Full-time Part-time Temporary Seasonal

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes please give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number (if applicable to position): _____ State: _____

Emergency contact: _____

References

Please list three professional references. At least two references must be from direct managers or supervisors.

Name	Phone number	Place of employment	How long have you know this person?

Previous Employment (begin with most recent position)

Dates of employment: from ___/___/___ to ___/___/___ Position(s) held: _____

Company name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting salary and title: _____ Ending salary and title: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

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Dates of employment: from ___/___/___ to ___/___/___ Position(s) held: _____

Company name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting salary and title: _____ Ending salary and title: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

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Dates of employment: from ___/___/___ to ___/___/___ Position(s) held: _____

Company name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting salary and title: _____ Ending salary and title: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

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I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of applicant: _____ Date: _____