

## 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 April Panpipat, LVT at APanpipat@AMCSVet.com**

### Applicant Data

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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

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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

.....  
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: \_\_\_\_\_