

**GREAT FALLS ANIMAL HOSPITAL  
APPLICATION FOR EMPLOYMENT**

(Please print clearly)

**An Equal Opportunity Employer - Male/Female**

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status or disability. It is our intention that all qualified applications be given equal opportunity and that selection decisions are based on job-related factors.

Personal  
Social Security No. \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_ Telephone no. \_\_\_\_\_  
No. Street  
\_\_\_\_\_  
City State Zip

Position(s) applied for \_\_\_\_\_ Rate of pay \_\_\_\_\_ per  
expected \$ \_\_\_\_\_ hour

Would you work \_\_\_\_\_ Full Part Specify days and  
time \_\_\_\_\_ time \_\_\_\_\_ hours if part-time \_\_\_\_\_

Were you previously employed by this organization? \_\_\_\_\_

If yes, when? \_\_\_\_\_

List any friends or relatives working here, other than spouse \_\_\_\_\_

\_\_\_\_\_  
Name(s)

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 20\_\_

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here?  
Please add any additional comments you think are important for us to consider.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

Date of birth: \_\_\_\_\_

Do you have reliable transportation?.....\_\_\_\_\_   
 yes or no

U. S. citizen?.....\_\_\_\_\_   
 yes or no

If no, do you have a valid work permit?.....\_\_\_\_\_   
 yes or no

Within the past five years have you ever missed work due to illness or injury? \_\_\_\_\_   
 yes or no

If yes, please explain \_\_\_\_\_   
 \_\_\_\_\_

Have you ever collected Worker's Compensation or Disability within the past five \_\_\_\_\_   
 yes or no

If yes, please explain \_\_\_\_\_   
 \_\_\_\_\_

Have you ever been convicted of a felony?.....\_\_\_\_\_   
 yes or no

If yes, please explain \_\_\_\_\_   
 \_\_\_\_\_

Have you previously applied here?.....\_\_\_\_\_   
 yes or no

Have you worked for any firm under a different name?...\_\_\_\_\_   
 yes or no

If yes, give name \_\_\_\_\_

**Personal References (not former employers or relatives)**

| Name and occupation | Address | Phone number |
|---------------------|---------|--------------|
| -----               |         |              |
| 1. _____            | _____   | _____        |
| 2. _____            | _____   | _____        |
| 3. _____            | _____   | _____        |

**Membership in Professional or Civic Organizations (do not include racial, religious, or nationality groups)**

| Name or description | Active participation | Offices held |
|---------------------|----------------------|--------------|
|---------------------|----------------------|--------------|

| of organization | From | To |
|-----------------|------|----|
| 1. _____        |      |    |
| 2. _____        |      |    |
| 3. _____        |      |    |

**Educational Background**

| EDUCATION | NAME AND LOCATION<br>OF SCHOOL | YEARS<br>ATTENDED | DATE<br>GRADUATED | SUBJECTS<br>STUDIED |
|-----------|--------------------------------|-------------------|-------------------|---------------------|
|           |                                |                   |                   |                     |
|           |                                |                   |                   |                     |

**GRAMMAR SCHOOL**

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**HIGH SCHOOL**

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**COLLEGE**

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**TRADE OR BUSINESS SCHOOL**

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\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 18 but less than 70 years of age.

**GENERAL**

Subjects of special study or research work \_\_\_\_\_

What foreign languages do you speak fluently?  
\_\_\_\_\_

Read \_\_\_\_\_ Write \_\_\_\_\_

U.S. Military or Naval service \_\_\_\_\_ Rank \_\_\_\_\_

Present Membership in \_\_\_\_\_

National Guard or Reserves \_\_\_\_\_

**Work History (begin with the most recent, list all past employers, including any pertinent military experience)**

Name of Company \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_  
Date employed \_\_\_\_\_ Immediate supervisor \_\_\_\_\_ Exact job title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Earnings at hire \_\_\_\_\_ At termination \_\_\_\_\_ Reason \_\_\_\_\_

Description of duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Company \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_  
Date employed \_\_\_\_\_ Immediate supervisor \_\_\_\_\_ Exact job title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Earnings at hire \_\_\_\_\_ At termination \_\_\_\_\_ Reason \_\_\_\_\_

Description of duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Company \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_  
Date employed \_\_\_\_\_ Immediate supervisor \_\_\_\_\_ Exact job title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Earnings at hire \_\_\_\_\_ At termination \_\_\_\_\_ Reason \_\_\_\_\_

Description of duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements,

answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I will, at any time and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of the termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from the final paycheck(s) all monies due and owing to the company.

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Signature

Date