

Application for Employment
Broad River Animal Hospital

Personal Information

Name (last name first)		Social Security Number	
Address	City	State	Zip Code
Permanent Address (If different from above)			
Phone Number - day	Evening		Military Rank

Employment Desired

Position (full/part-time)	Date Available to Start	Salary desired
Are you currently employed?	If so, may we contact your current employer?	
Ever applied to this company before?	Date	Where did you hear about the position?

Education History

Name and Location	Years Attended	Did you graduate?	Subjects Studied
High School			
College			
Trade/ Correspondence School			

Previous Employment - start with latest employer first

Dates of Employment	Name & Address of Employer	Immediate Supervisor & telephone number	Position & Salary	Reason for Leaving

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Experience & Skills - Please list previous veterinary, animal or medical experience including previous jobs, volunteer or personal experience. Include jobs listed above and any special skills you have.

Nature of experience/specific duties/skills	Dates

Personal References

Name/Address	Relationship/Years Known	Business	Telephone Number

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 or other relevant federal and state laws."

Date _____

Signature _____