

# PETCARE

## HOSPITAL AND WELLNESS CENTER

### Employment Application

If hired I understand that the company will verify that my name and social security number match for purposes of correctly completing Internal Revenue Service's Form W-2, and I consent to such verification.

#### APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary		
Position Applying for:		Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If hired, can you present evidence of your U.S citizenship or proof of your legal right to live and work in this country			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you at least 16 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>		( if under 18, hire is subject to verification that you are of minimum legal age)	
Are you willing to undergo a background check as part of this hiring process? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you willing to undertake a drug test as part of this hiring process? YES <input type="checkbox"/> NO <input type="checkbox"/>	
How did you hear about us?			
When are you available to work?			

#### EDUCATION

What was the last grade level completed?		GED Test Passed		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Some High School <input type="checkbox"/>	Graduated High School <input type="checkbox"/>	Some College <input type="checkbox"/>	Graduated College <input type="checkbox"/>		
<b>High School</b>			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
<b>College</b>			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
<b>Other</b>			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

Additional information / special skills you would like us to consider:


Have you included a cover letter / resume with your application? YES  NO

#### REFERENCES (Persons not related to you, whom you have known for at least 2 years)

Please list two professional references that we can contact:

Full Name	Relationship
Company	Phone

Address

**REFERENCES CONTINUED**

Full Name	Relationship
Company	Phone
Address	

**SHIFT AVAILABILITY**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

**PREVIOUS EMPLOYMENT**

Company	Phone	
Address	Supervisor	
Job Title	Starting Pay \$	Ending Pay \$
Responsibilities		

From	To	Reason for Leaving
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Company	Phone	
Address	Supervisor	
Job Title	Starting Pay \$	Ending Pay \$

Responsibilities		
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From	To	Reason for Leaving
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**MILITARY SERVICE**

Branch of service	From	To
Rank at Discharge	Type of Discharge	

**DISCLAIMER AND SIGNATURE**

**Please read carefully, sign and date below**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application.

I hereby authorize Petcare Hospital, and any agent it designates, to thoroughly investigate my references, work record, education and other matters required for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me notice of such disclosure.

By signing below, I acknowledge that the information is true and accurate to the best of my knowledge:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Resume attached	Yes	No	Passed on to:	Yes	No
Suitable for hire:	Yes	No	Keep on file:	Yes	No
Arrange in person interview	Yes	No			