

# Application for Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.



**Personal :** *(Please Print)*

Full Name : \_\_\_\_\_ Date : \_\_\_\_\_

Address : \_\_\_\_\_

Home Phone : \_\_\_\_\_ Business Phone : \_\_\_\_\_

Email Address : \_\_\_\_\_

Have you ever applied for employment with us? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Month and Year : \_\_\_\_\_ Location : \_\_\_\_\_

Have you ever been employed with any of our other locations? If Yes, circle one : Falls Pointe Heritage

Position applying for : \_\_\_\_\_ Pay expected : \$ \_\_\_\_\_ Per \_\_\_\_\_

**Work Availability :**

If your application receives consideration, when will you be available to begin work? \_\_\_\_\_

Do you have an objection to working overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you work without prior notice? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you work on Saturday? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you work on Sunday? Yes \_\_\_\_\_ No \_\_\_\_\_

Please note your specific availability :

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

**Education :**

	Name & Location	Course of Study	Years Completed	Graduation Date	Degree/Diploma
High School					
College					
Graduate School					
Business / Trade School					

**Employment :**

Company Name : \_\_\_\_\_

Address : \_\_\_\_\_

Supervisor Name : \_\_\_\_\_ Phone Number : \_\_\_\_\_

Employed *(month & year)* From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay : Start \_\_\_\_\_ Finish \_\_\_\_\_

Job Title and Description : \_\_\_\_\_

Reason for leaving : \_\_\_\_\_

**Employment (Continued) :**

Company Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Supervisor Name : \_\_\_\_\_ Phone Number : \_\_\_\_\_  
Employed (month & year) From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay : Start \_\_\_\_\_ Finish \_\_\_\_\_  
Job Title and Description : \_\_\_\_\_  
Reason for leaving : \_\_\_\_\_

Company Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Supervisor Name : \_\_\_\_\_ Phone Number : \_\_\_\_\_  
Employed (month & year) From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay : Start \_\_\_\_\_ Finish \_\_\_\_\_  
Job Title and Description : \_\_\_\_\_  
Reason for leaving : \_\_\_\_\_

**DO NOT CONTACT :** We may want to contact the employers listed above unless you indicate those you do not want us to contact.

Employer Name : \_\_\_\_\_ Reason : \_\_\_\_\_

**Additional Information :**

Are you legally eligible for employment in the United States? \_\_\_\_\_  
Is there any information we need to know about your name or the use of another name for us to be able to check your work record? Please specify : \_\_\_\_\_  
\_\_\_\_\_

How were you referred to Falls Pointe Animal Hospital? \_\_\_\_\_  
Have you ever been arrested or convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain : \_\_\_\_\_

**References :**

Name : \_\_\_\_\_ Years Known : \_\_\_\_\_  
Address : \_\_\_\_\_ Phone Number : \_\_\_\_\_  
Occupation : \_\_\_\_\_

Name : \_\_\_\_\_ Years Known : \_\_\_\_\_  
Address : \_\_\_\_\_ Phone Number : \_\_\_\_\_  
Occupation : \_\_\_\_\_

**Signature :**

The information provided in this application for employment is true, correct and complete.  
If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**