

EMPLOYMENT HISTORY

Beginning with most recent, list below all past employers, including any pertinent military experience.

Company Name _____	Telephone _____
Address _____	Employed (mo. and yr.) From _____ To _____
Name of Supervisor _____	Hourly pay/Salary _____
Job Title and Work Description _____ _____ _____ _____	Quit or Terminated? _____ Reason for Leaving?

Company Name _____	Telephone _____
Address _____	Employed (mo. and yr.) From _____ To _____
Name of Supervisor _____	Hourly pay/Salary _____
Job Title and Work Description _____ _____ _____ _____	Quit or Terminated? _____ Reason for Leaving?

Company Name _____	Telephone _____
Address _____	Employed (mo. and yr.) From _____ To _____
Name of Supervisor _____	Hourly pay/Salary _____
Job Title and Work Description _____ _____ _____ _____	Quit or Terminated _____ Reason for Leaving?

Paw Prints Animal Hospital will check employment history's for job performance, attendance records, etc. If you do not want an employer contacted, please indicate which one and a reason why.

For Jobs with minimum age requirements:

Date of Birth _____

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

Do you have a valid Driver's License? Yes No

Have you had your Driver's License revoked or suspended in the last 3 years? Yes No

Are you a U.S. Citizen? Yes No

If not, do you have a valid work permit? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain. _____

Have you ever filed for Workman's Compensation? Yes No

If yes, please explain. _____

Have you previously applied here? Yes No

If yes, when? _____

Have you ever worked under a different name? Yes No

If yes, give name. _____

Do you have any physical conditions which would limit your performance of the job for which you are applying? Yes No

If yes, please explain. _____

Would you take a physical examination and drug screen if required? Yes No

PERSONAL REFERENCES (Not former employers or relatives)

Name and Occupation	Address	Phone Number
1.		
2.		
3.		

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 understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at 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 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 my final paycheck(s) all monies due and owing to the company.

Signature _____ Date _____

REFERENCE CHECKS

Employer

Person Contacted

Results

1.		
2.		
3.		

INTERVIEW RESULTS