



APPLICATION FOR EMPLOYMENT

Date of Application: _____

TO BE COMPLETED BY EMPLOYER:

APPLICANT CALLED: _____ DATE OF INTERVIEW: _____

Last Name: _____ First Name: _____

Street Address: _____ Social Security No.: _____

City, State, Zip: _____ Telephone No.: _____

Are you legally eligible for employment in the U.S.A.? _____ Are you over 18 years of age? _____

Position(s) applied for: _____ Rate of pay required: \$ _____/hourly

How did you learn of this opening? _____

Do you want to work Full-Time Part-Time Hours/Shift Preferred: _____

Are there any hours, shifts, day(s) that you cannot or will not work? _____

Are you willing to work overtime as required? _____

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

How do you plan to get to work? _____

RECORD OF EDUCATION

| Level of Education | Name and Location of School | Course of Study | Circle Last Year Completed | | | | Did you Graduate? | List Diploma or Degree |
|---------------------------|-----------------------------|-----------------|----------------------------|---|---|---|-------------------|------------------------|
| | | | 1 | 2 | 3 | 4 | | |
| HIGH SCHOOL | | | | | | | | |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | | | | | |
| COLLEGE/ UNIVERSITY | | | | | | | | |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | | | | | |
| COLLEGE/ UNIVERSITY | | | | | | | | |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | | | | | |
| Other Training/ Education | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

EMPLOYMENT EXPERIENCE

List each job held starting with your present or most recent employer.

| | | | | | |
|--------------------|------------|-----------|---------------------|----------------------|----------------|
| 1 | EMPLOYER | | DATES | | WORK PERFORMED |
| | | | FROM | TO | |
| | ADDRESS | | | | |
| | JOB TITLE | TELEPHONE | HOURLY RATES/SALARY | | |
| | | | STARTING | FINAL | |
| | SUPERVISOR | | | | |
| REASON FOR LEAVING | | | | ELIGIBLE FOR REHIRE? | |
| 2 | EMPLOYER | | DATES | | WORK PERFORMED |
| | | | FROM | TO | |
| | ADDRESS | | | | |
| | JOB TITLE | TELEPHONE | HOURLY RATES/SALARY | | |
| | | | STARTING | FINAL | |
| | SUPERVISOR | | | | |
| REASON FOR LEAVING | | | | ELIGIBLE FOR REHIRE? | |
| 3 | EMPLOYER | | DATES | | WORK PERFORMED |
| | | | FROM | TO | |
| | ADDRESS | | | | |
| | JOB TITLE | TELEPHONE | HOURLY RATES/SALARY | | |
| | | | STARTING | FINAL | |
| | SUPERVISOR | | | | |
| REASON FOR LEAVING | | | | ELIGIBLE FOR REHIRE? | |
| 4 | EMPLOYER | | DATES | | WORK PERFORMED |
| | | | FROM | TO | |
| | ADDRESS | | | | |
| | JOB TITLE | TELEPHONE | HOURLY RATES/SALARY | | |
| | | | STARTING | FINAL | |
| | SUPERVISOR | | | | |
| REASON FOR LEAVING | | | | ELIGIBLE FOR REHIRE? | |

If you need additional space, please continue on reverse side.

Are you currently employed: Yes No

May we contact all of the above employers for references? Yes No

If you checked no, list the employers NOT to be contacted and give reason:

Employer: _____ Reason: _____

Employer: _____ Reason: _____

Signature of Applicant: _____

Please provide the names, addresses and phone numbers of three references (preferably former employers):

1. _____
2. _____
3. _____

Have you ever been convicted of a crime other than minor traffic violations: Yes No

If yes, please explain: _____

Why are you seeking a change in employment? _____

What do you consider to be your greatest strength? _____

What do you consider to be your greatest weakness? _____

What are your short-term goals? (1 to 2 years): _____

What are your long-term goals? (5 to 10 years): _____

If you could have made any changes in your last job, what would they have been? _____

Why do you want to work at Morris Animal Hospital and what can you contribute that will help us serve our clients and patients better? _____

PLEASE READ AND SIGN BELOW

I authorize investigation of all statements contained in this document. I certify that the facts set forth in my application for employment are true and complete. I understand that, if employed, false, misleading or incomplete statements on this application shall be considered sufficient cause for dismissal at any time. I understand that completion of this application does not guarantee an interview or a position with Morris Animal Hospital.

Signature of Applicant: _____ Date: _____