

GREATER SOUTH RIVER ANIMAL HOSPITAL

125 Mayo Road
Edgewater, MD 21037

APPLICATION FOR EMPLOYMENT

Last Name	First Name	M.I.	Social Security No.		
Address (St. and No.)	City	State	Zip	Telephone	
Position for which you are applying?	How did you learn about this position?		Salary Requested		
Have you previously been employed at Greater South River Animal Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete:)					
Title: _____ From: _____ To: _____					
Have you previously applied for work at Greater South River Animal Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate when and for what position)					
Are you legally permitted to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Employment will be contingent on providing proof of citizenship or work authorization.)					
Are you of the legal age to work?			Yes	No	
Are you available for full-time work?	Yes	No	Are you available for part-time work?	Yes	No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
MILITARY: Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," in what Branch?</i>					

EMPLOYMENT: Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name:	Telephone:	
Address (Street):	Employed - (Month/year)	
City, State, Zip:	From	To
Name of Supervisor:	Annual/Weekly Pay	
Title of Supervisor:	Start	Last

EMPLOYMENT (Continued)

Company Name:	Telephone:	
Address (Street):	Employed - (Month/year)	
City, State, Zip:	From	To
Name of Supervisor:	Annual/Weekly Pay	
Title of Supervisor:	Start	Last
State Job Title and Briefly Describe Work:	Reason for Leaving:	
Company Name:	Telephone:	
Address (Street):	Employed - (Month/year)	
City, State, Zip:	From	To
Name of Supervisor:	Annual/Weekly Pay	
Title of Supervisor:	Start	Last
State Job Title and Briefly Describe Work:	Reason for Leaving:	
Company Name:	Telephone:	
Address (Street):	Employed - (Month/year)	
City, State, Zip:	From	To
Name of Supervisor:	Annual/Weekly Pay	
Title of Supervisor:	Start	Last
State Job Title and Briefly Describe Work:	Reason for Leaving:	

EDUCATION		
NAME	GRADUATED	
	YES	NO
High School:		
College/University:		
Trade/Vocational:		
Business/Other:		
SUMMARY		
Summarize special skills and qualifications relating to the position for which you are applying:		

Please be sure to sign this application and read the following statements carefully.

I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that omitting requested information or giving false information on my application, in my interview(s), or in the process of my pre-employment evaluation may result in rejection of my application or termination, if I am hired.

I authorize investigation of all statements in this application as may be necessary in arriving at an employment decision.

I understand that if employed, I will be required to abide by all company policies, standards, and regulations.

I understand that this application does not represent an offer of, or contract for, employment. I understand that employment with this company is "at will," and that no guarantee of job exists. If employed, I may terminate employment at any time for any reason, and the company may terminate my employment at any time, for any reason.

Signature

Date

NOTES