

GREATER ANNAPOLIS VETERINARY HOSPITAL

1901 Generals Highway, Annapolis MD 21401

APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Personal Information:

Name: _____ Social Security Number: ____ - ____ - _____

Present Address: _____

Telephone Numbers: _____

Are you available to work? Full-time _____ Part-time _____ Weekends _____ Evenings _____

Are you currently employed? _____ May we contact your present employer? _____

Position applied for _____ Pay rate expectations \$ _____

On what date would you be available for work? _____

List any friends or relatives working here: _____

Proof of age will be required if under 18 years of age.

Are you 18 years or older? _____

If hired, can you furnish proof you are eligible to work in the United States? _____

Have you previously applied here? _____

Have you worked under a different name? _____ If yes, please give all names used

Have you ever been convicted of a crime (other than a minor traffic violation)? _____ A "yes" answer does not disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.

If you answered "yes", please explain. _____

Education Record

	Name of School, City, & State	Degree awarded	Major/GPA
High School			
College/University			
Trade/correspondence			
Other			

Typing WPM? _____ Computer Knowledge? _____

Are there any other work experiences, skills, or qualification that you feel would especially fit you for work here? Please add any additional comments you think are important for us to consider. _____

Personal References you've known for 2/plus years (no former employers/relatives)

Name _____ years/relation of acquaintance _____

Phone number(s) _____

Name _____ years/relation of acquaintance _____

Phone number(s) _____

Name _____ years/relation of acquaintance _____

Phone number(s) _____

Work History (Please begin with current or most recent employer. List all employers, including any pertinent military experience.)

Name of company and phone number _____
Address _____
Dates of employment _____ Supervisor _____
Job title _____ Earnings at hire _____ Final Earnings _____
Reason for leaving _____
Description of duties _____

Name of company and phone number _____
Address _____
Dates of employment _____ Supervisor _____
Job title _____ Earnings at hire _____ Final Earnings _____
Reason for leaving _____
Description of duties _____

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Address _____
Dates of employment _____ Supervisor _____
Job title _____ Earnings at hire _____ Final Earnings _____
Reason for leaving _____
Description of duties _____

Affidavit

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements. I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice. I have read, understand, and my signature consent to these statements.

Signature _____ Date _____
