



APPLICATION FOR EMPLOYMENT

Newton Animal Hospital is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age. In addition, the company does not discriminate against qualified individuals with disabilities

PERSONAL INFORMATION

Name (Last, First, MI)		Social Security No. — — —	
Present Address	City	State	Zip
Home Phone Number ()		Alternate Phone Number (if applicable)	

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
Are You Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, May We Inquire Of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION HISTORY

Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School			
College			
Trade, Business or Correspondence School			

GENERAL INFORMATION

Subjects Of Special Study/Research Work Or Special Training/Skills

CONTINUED ON OTHER SIDE

FORMER EMPLOYERS (List Below Last Four Employers, Starting with Last One First)

Dates of Employment (Start - End)	Name, Address, Phone Number Of Employer	Salary	Position	Reason for Leaving

REFERENCES Give Below The Names Of Three Persons Not Related To You, Whom You Have Known At Least One Year.

Name	Address	Phone Number	How Known	Years Known

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand and agree that, if hired, my employment will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time without previous notice and with or without reason, at the will of either myself or the company. I also understand and agree that no one has authority to promise me job security or continued employment, except an officer of the corporation in a formal written agreement signed by both of us.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date _____ Signature _____