

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST, FIRST)			PHONE #	
PRESENT ADDRESS	APT #	CITY	STATE	ZIP
PERMANENT ADDRESS	APT #	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date:		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED					
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO						
EVER APPLIED TO THIS COMPANY BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?					
EVER WORKED FOR THIS COMPANY BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?					
REASON FOR LEAVING							
CURRENT AVAILABILITY	<u>MON.</u>	<u>TUES.</u>	<u>WED.</u>	<u>THUR.</u>	<u>FRI.</u>	<u>SAT.</u>	<u>SUN.</u>
Northwood Animal Hospital is a 24-hour emergency hospital open 365 days a year. As a Northwood employee, you may be required to work nights, weekends, and holidays. By submitting this application, you agree to these terms if hired.							

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
COLLEGE				
TRADE SCHOOL				

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
HOURLY STARTING WAGE	HOURLY FINAL WAGE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE #	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
HOURLY STARTING WAGE	HOURLY FINAL WAGE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE #	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
HOURLY STARTING WAGE	HOURLY FINAL WAGE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE #	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

REFERENCES

	NAME	ADDRESS	BUSINESS	YEARS ACQUANITED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

<p>HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/>YES <input type="checkbox"/>NO</p> <p>IF YES, EXPLAIN.</p>

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 OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO AUTHORIZE INVESTIGATION INTO ANY SOCIAL MEDIA I MAY HAVE AND CONSENT TO ANY BACKGROUND CHECKS THAT MAY BE NECESSARY FOR EMPLOYMENT.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.”

DATE

SIGNATURE