



# APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER:**

APPLICANT CALLED: \_\_\_\_\_ DATE OF INTERVIEW: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Primary Phone No.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Secondary Phone No.: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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? \_\_\_\_\_

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	
	DATES ATTENDED:							
COLLEGE/ UNIVERSITY							<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DATES ATTENDED:							
COLLEGE/ UNIVERSITY							<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DATES ATTENDED:							
Other Training/ Education & Dates								

# EMPLOYMENT EXPERIENCE

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

<b>1</b>	EMPLOYER		DATES		WORK PERFORMED
			FROM	TO	
	ADDRESS				
	JOB TITLE	TELEPHONE	HOURLY RATES/SALARY		
			STARTING	FINAL	
	SUPERVISOR				
REASON FOR LEAVING				ELIGIBLE FOR REHIRE?	
<b>2</b>	EMPLOYER		DATES		WORK PERFORMED
			FROM	TO	
	ADDRESS				
	JOB TITLE	TELEPHONE	HOURLY RATES/SALARY		
			STARTING	FINAL	
	SUPERVISOR				
REASON FOR LEAVING				ELIGIBLE FOR REHIRE?	
<b>3</b>	EMPLOYER		DATES		WORK PERFORMED
			FROM	TO	
	ADDRESS				
	JOB TITLE	TELEPHONE	HOURLY RATES/SALARY		
			STARTING	FINAL	
	SUPERVISOR				
REASON FOR LEAVING				ELIGIBLE FOR REHIRE?	
<b>4</b>	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 & phone numbers of three references (preferably former employers) & how you know this person:

- 1. \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2. \_\_\_\_\_ Relationship: \_\_\_\_\_
- 3. \_\_\_\_\_ Relationship: \_\_\_\_\_

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: \_\_\_\_\_