



**NORTHEAST ANIMAL HOSPITAL — EMPLOYMENT APPLICATION**

1401 4<sup>th</sup> Street North  
 St. Petersburg, FL 33704  
 Phone (727) 822-8501  
 Fax (727) 821-4952

www.northeastanimalhospital.com

**APPLICANT INFORMATION**

Last Name		First	M.I.	Date
Street Address			Apartment/Unit No.	
City		State	ZIP	
Phone Number		E-mail Address		
Cell Number		Driver's License No./ State Issued		
Date Available	Desired Salary		Social Security No.	
Position Desired				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

**EDUCATION**

High School/ Location	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Subjects Studied
College/ Location	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Subjects Studied
Other/ Location	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Subjects Studied

**ADDITIONAL TRAINING**

Certifications/Specialties	
Foreign Languages	
Microsoft Skills	WORD <input type="checkbox"/> EXCEL <input type="checkbox"/> OUTLOOK <input type="checkbox"/> Typing Skills
Experience with animals	
Activities, Sports, Volunteer work, etc.	
Other training/experience	

## EMPLOYMENT HISTORY

*Please list current or most recent employment information first. Explain any gaps of more than two months on the next page.*

Company		Phone (     )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (     )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (     )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

## REFERENCES

*Please list three references.*

Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

### ACKNOWLEDGEMENTS

Please write your initials next to each of these five statements to show you have read and understand each.

Initials	The information in this application is true. I authorize investigation of all statements in this application. I understand that if I am hired and any statements in this application are found to be false, I will be dismissed from employment.
Initials	I understand and agree that if accepted for employment it will be for no definite period of time or pay. Regardless of the date of payment of my wages or salary, I may be terminated at any time without any previous notification—known as "at-will employment"—meaning I or my employer may terminate employment at will. No one other than the owner of this company has the authority to alter this arrangement, to form an agreement for employment for a specified period of time, or to make any agreement contrary to this policy. Any change to this policy must be in writing and signed by the owner of this company.
Initials	I can and will provide documents proving my legal right to work in the United States prior to beginning employment.
Initials	I give permission for you or your agent to investigate my background which may include a job-history check, a driving-record check, and a criminal-history check. I authorize, without reservation, any law enforcement agency, state agency, information service company, public or private institution, or past employer to provide you with any information they may have regarding my background. I authorize you and my former employers to openly discuss the information contained in this application and my past job history.
Initials	I agree to being tested for drug use both before and at any time during employment. If I refuse to take a drug-use test or if the test shows that I use drugs, I understand I will be disqualified for the job.

### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

A copy or facsimile of this application with my signature shall be as valid as the original.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date