

Fairway Knolls Veterinary Hospital Equal Opportunity Employer

Last name: _____ First name: _____ M. Initial: _____

Home Address: _____ Social Security #: _____
_____ Phone Number: _____
_____ Alt. Number: _____

Date of Birth: (mm/dd/yy): ___/___/___ Today's Date: ___/___/___

The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to the individuals who are at least 40 years of age.

Are you a citizen or an alien authorized to work in the United States?

Yes: ___ No: ___

Have you ever been convicted of a crime (excluding traffic violations)? _____

If yes, please explain: _____

What position are you applying for? _____

What skills or qualifications do you have that applies to the position that you are applying for?

Do you have experience with computers?

Education:

	<u>School/Year/Graduated?</u>	<u>Study?</u>
Grammar:	_____	_____
High School:	_____	_____
College:	_____	_____
Other:	_____	_____

Previous Employment: (list the last two companies that you have worked for)

Company: _____

Address: _____

Phone: (_____) ____ - _____
Supervisor: _____
Dates of Employment from: _____ to: _____
Reason for leaving: _____

Company: _____
Address: _____
Phone: (_____) ____ - _____
Supervisor: _____
Dates of Employment from: _____ to: _____
Reason for leaving: _____

Military Services:

Branch: _____
Rank: _____
Discharge: _____
Type of Discharge: _____
National Guard/Reserve? Yes: ____ No: ____

Reference:

Name: _____
Address: _____
Phone: (_____) ____ - _____
How long known? _____

Name: _____
Address: _____
Phone: (_____) ____ - _____
How long known? _____

Availability:

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____
Holidays: _____

I acknowledge that Fairway Knolls Veterinary Hospital is relying on the information given and I certify that the information in this form is true to the best of my ability. I authorize Fairway Knolls Veterinary Hospital to obtain information from any person named above, and I release all concerned from any liability in connection with obtaining

and releasing such information.

Signature of Applicant: _____ Date: _____