

**Pre-Employment  
Drug Testing May Be  
Required**

**APPLICATION FOR EMPLOYMENT  
EQUAL OPPORTUNITY EMPLOYER**



**Personal Information**

Name		Social Security Number	
Present Address	City	State, Zip Code	
Phone No.	Do you have a current Drivers License?	Referred By	

**Desired Employment**

Position	Date You Can Start	Desired Salary
Are You Currently Employed?	If so, may we Inquire of Your Present Employer?	
Name, Address, and Phone Number of Present Employer		
Ever Applied at Parkview Animal Hospital Before?	Are you looking for Full or Part-time work?	

**Education History**

	Years Attended	Name & Location of School	Did You Graduate?	Subjects Studied
High School				
College				
Trade, Business, or Correspondence School				
List any Specific Skills, Training, or Knowledge that would assist you in this Industry	<hr/> <hr/> <hr/> <hr/>			

**Former Employers (List Last Four Employers, Starting With Last One First)**

Date Month and Year	Name & Address of Employer	Phone #	Salary	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					

**References (Give the Names of Three Persons Not Related to You, Whom You Have Known at Least One Year)**

Name	Phone #	Address	Business	Years Known

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

YES \_\_\_ NO \_\_\_

If yes, please describe conditions.

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Attach additional information if necessary.



**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 Parkview Animal Hospital from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Parkview Animal Hospital 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. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

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) or other relevant federal and state laws.

Date \_\_\_\_\_ Signature \_\_\_\_\_

For Interview purposes only

Tell me about yourself \_\_\_\_\_ Are you over 18? \_\_\_\_\_

Tell me about your experiences \_\_\_\_\_ Do you use illegal drugs? \_\_\_\_\_

How would you describe your ideal job? \_\_\_\_\_

Why would you like to work at Parkview Animal Hospital? \_\_\_\_\_

What do think it takes to be successful in this career? \_\_\_\_\_

Are you a team player? \_\_\_\_\_

What motivates you? \_\_\_\_\_

Why should I hire you? \_\_\_\_\_

Do you handle conflict well? \_\_\_\_\_

Do you handle pressure well? \_\_\_\_\_

What are your strengths? \_\_\_\_\_

What are your weaknesses? \_\_\_\_\_

What qualities do you feel a good manager should have? \_\_\_\_\_

Why do you want to work in this industry? \_\_\_\_\_

Ratings:	Score
Appearance	_____
Desire	_____
Neatness	_____
Skill	_____
Promptness	_____
Personality	_____
Knowledge	_____
Overall	_____