Pre-Employment
Drug Testing May Be
Required

APPLICATION FOR EMPLOYMENT EQUAL OPPORTUNITY EMPLOYER



Personal Information						Date	MATHRE HOUTTIAL	
Name				Social Security Number				
Present Address		Cit	ty		St	ate, Zip Code		
Phone No.		Do	Do you have a current Drivers		Referred By			
Filone No.			License? Yes No			7.0.1.0u 2 ,		
()								
Desired Employment								
Position		Date You C	an Start			Desired Salary		
Are You Currently Employe	ed?			If so, may we Inqu	iire o	of Your Present Emp	loyer?	
	Yes	No				Yes	No	
Name, Address, and Phone	Number of Preser	nt Employer						
Ever Applied at Parkview A	nimal Hospital Be	fore?		Are you looking for Full or Part-time work?				
	Yes	No			Full Part-time			
Education History								
	Years Attended	Name & Locatio		on of School		Did You Graduate?	Subjects Studied	
High School	Attended							
i ligit concor								
College								
ŭ								
Trade, Business, or								
Correspondence								
School								
List any Specific								
Skills, Training, or								
Knowledge that would								
assist you in this								
Industry								
Former Employers (L		0 / /!						

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

References (Give the Name	s of Three Persons	Not Related to You, Whom You	ı Have Known at Least C	ne Year)
Name	Phone #	Address	Business	Years Known
				KIIOWII
Have you ever been cor YES NO If yes, please describe o	·	? (This will not necessarily a	affect your application	.)
Attach additional informa	ation if necessary			
AUTHORIZATION				
if employed; falsified statements statements contained herein concerning my previous emp	ents on this applicatio and the references a loyment and any per	are true and complete to the best in shall be grounds for dismissal. and employers listed above to give tinent information they may have, damage that may result from utilize	I authorize investigation of e you any and all informati personal or otherwise, an	f all on id release
agreement for employment for is in writing and signed by an will," which means that either prior notice, and for any reas	or any specified perion authorized company or I or this company ca on not prohibited by	e of Parkview Animal Hospital had od of time, or to make any agreem or representative. I understand that in terminate the employment relates statute. All employment is continuty, other than the president, has ar	ent contrary to the forego t employment at this comp tionship at any time, with o ed on that basis. I unders	ing, unless it pany is "at pr without tand that no
This waiver does not permit t Americans with Disabilities A		disability-related or medical inforr evant federal and state laws.	nation in a manner prohib	ited by the
Date	Signature	ə		
For Interview purposes only			Ratings:	Score
Tell me about yourself	Aı	re you over 18?	ramigo.	200.0
Tell me about your experier	ices[Oo you use illegal drugs?	Appearance	
How would you describe yo		Hospital?	Desire	
What do think it takes to be			ineamess	
Are you a team player?	Skill			
What motivates you?	Promptness			
Why should I hire you?	Personality			
Do you handle conflict well?	?		Knowledge	
Do you handle pressure we	ell?			
What are your strengths?			Overall	
What are your weaknesses	?		Overall	
		uld have?		
vvily do you want to work in	เกอ เกนนอน y !			