



## Employment Application

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			AR	E YOU UNDI	ER THE AGE	E OF 18?
PHONE #						
NATE PHONE	#		Da	te of Birth		
ON						
ED						
AVAILABLE T						
Email Address	S					
EDUCATION (	List names	s of schools,	years complet	ed, GPA, and	areas of stu	ıdy
ADDITIONAL that are releva			t any knowled:	ge, skills, act	ivities, hobb	ies or awa
HOURS AVAII hours/	ABLE TO week the hours	WORK:	Full-time for _ pe available to	hours/we work each d	ek	-time for am- 6:15p
that are relevative to the relevative that are	ABLE TO	work:	Full-time for _	hours/we	ek 🔲 Part	-time for
HOURS AVAII hours/ Please indicate SUNDAY  REFERENCES year.)	LABLE TO week the hours	WORK:   S you would I  TUESDAY  ividuals not	Full-time for _ oe available to WEDNESDAY	hours/we work each d THURSDAY	ek	-time am- SA'

REASONS FOR WANTING THIS PC	OSITION:
HAVE YOU BEEN CONVICTED OF WITHIN THE PAST 5 YEARS? If y	A FELONY CRIME OR MISDEMEANOR THEFT es, please state details.
List the names and types of Pets th	at you own
How many words per minute can you WORK EXPERIENCE (List all previous most recent.)	ou type? ous employers in the past 5 years, starting with the
EMPLOYER	SUPERVISOR'S NAME
ADDRESS	REASON FOR LEAVING
PHONE #	
POSITION	
EMPLOYER	POSITION
ADDRESS	SUPERVISOR'S NAME  REASON FOR LEAVING
PHONE #	
EMPLOYER_	PHONE #
ADDRESS	POSITION
	SUPERVISOR'S NAME

REASON FOR	
LEAVING	
	POSITION
EMPLOYER	
	— ——— SUPERVISOR'S
ADDRESS	
	REASON FOR
	LEAVING
PHONE #	
	POSITION
EMPLOYER	
EWIFLOTER	— ——— SUPERVISOR'S
ADDRESS	
Tubicists.	DEAGON DOD
	LEAVING
PHONE #	<u> </u>
Briefly write why you are interested in	being a part of Providence Animal Hospital and
Pet Resort.	

Providence Animal Hospital and Pet Resort is an equal opportunity employer.

Providence Animal Hospital and Pet Resort is a drug free workplace and a smoke free campus.

## EMPLOYEE STATEMENT

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I agree to have any of the statements I have made checked unless I have indicated to the contrary. I authorize the references listed and other individuals who you may contact to provide any and all information concerning my pervious employment or any other pertinent information they may have. Furthermore, I release all parties and persons from any and all liability for damages that may result from furnishing such truthful information as well as from the disclosure of such information by the employer or any of its employees or representatives. I understand that Providence Animal Hospital and Pet Resort, PLLC reserves the right to require drug testing of all applicants and employees at any time, and that drug testing, a police background check, and/or a credit check may be required prior to hiring. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or if I am hired, my dismissal from employment.

I understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Applicant's Signature	Date