



EMPLOYMENT APPLICATION

FULL TIME PART TIME

CARE ANIMAL HOSPITAL OF PLEASANT PRAIRIE

9052 Prairie Ridge Blvd., Pleasant Prairie, WI 53158 262-694-6515

PERSONAL	LAST NAME	FIRST NAME	MIDDLE	DRIVER'S LICENSE NUMBER
	PRESENT ADDRESS		CITY	STATE ZIP CODE
	PERMANENT ADDRESS, IF DIFFERENT FROM PRESENT			
	HOME PHONE	MOBILE PHONE		EMAIL
	LIST ALL ALIAS NAMES, INCLUDING MAIDAN NAME:			
	LIST ANY RELATIVES OR FRIENDS EMPLOYED BY THE COMPANY:			RELATIONSHIP:
	IF HIRED CAN YOU PROVIDE THAT YOU ARE LEGALLY ABLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	LIST ANY RELATIVES OR FRIENDS EMPLOYED BY THE COMPANY:			RELATIONSHIP:

EMPLOYMENT	POSITION DESIRED:	SALARY DESIRED:
	WHAT DAYS AND HOURS ARE YOU AVAILABLE FOR WORK?	
	ARE YOU OVER 16 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, CAN YOU PROVIDE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ARE YOU ABLE TO PREFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	WHEN ARE YOU ABLE TO BEGIN WORK?	DO YOU HAVE RELIABLE TRANSPORTATION <input type="checkbox"/> YES <input type="checkbox"/> NO
	<i>*We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions</i>	

SKILLS	DO YOU SPEAK, WRITE OR UNDERSTAND ANY FOREIGN LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE(S):
	ARE YOU ABLE TO OPERATE A PERSONAL COMPUTER? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPES OF SOFTWARE:
	LIST OTHER OFFICE MACHINES YOU CAN OPERATE:
	SPECIFIC SKILLS/TRAINING: WHAT KNOWLEDGE, SPECIAL SKILLS AND/OR INDIVIDUAL CAPABILITIES DO YOU HAVE WHICH ESPECIALLY PREPARE YOU FOR THE POSITION APPLIED FOR?

EDUCATION	TYPE OF SCHOOL	NAME & LOCATION	#YEARS COMPLETED	GRADUATED	DE GREE/DIPLOMA	AREA OF STUDY
	HIGH SCHOOL OR TRADE SCHOOL					
	BUSINESS OR TECH. SCHOOL					
	COLLEGE AND/OR UNIVERSITY					
	OTHER TRAINING (EXPLAIN)					

EMPLOYMENT HISTORY

PRESENT/LAST EMPLOYER

PHONE

ADDRESS

CITY

STATE

ZIP

DATE EMPLOYED

START

END

PAY RATE

POSITION HELD

SUPERVISOR NAME

MAY WE CONTACT?

YES

NO

DESCRIBE DUTIES PERFORMED

REASON FOR LEAVING

PREVIOUS EMPLOYER

PHONE

ADDRESS

CITY

STATE

ZIP

DATE EMPLOYED

START

END

PAY RATE

POSITION HELD

SUPERVISOR NAME

MAY WE CONTACT?

YES

NO

DESCRIBE DUTIES PERFORMED

REASON FOR LEAVING

PREVIOUS EMPLOYER

PHONE

ADDRESS

CITY

STATE

ZIP

DATE EMPLOYED

START

END

PAY RATE

POSITION HELD

SUPERVISOR NAME

MAY WE CONTACT?

YES

NO

DESCRIBE DUTIES PERFORMED

REASON FOR LEAVING

PREVIOUS EMPLOYER

PHONE

ADDRESS

CITY

STATE

ZIP

DATE EMPLOYED

START

END

PAY RATE

POSITION HELD

SUPERVISOR NAME

MAY WE CONTACT?

YES

NO

DESCRIBE DUTIES PERFORMED

REASON FOR LEAVING

MILITARY	MILITARY BRANCH	RESERVES <input type="checkbox"/> YES <input type="checkbox"/> NO	SERVICE DATES
	RANK AT DISCHARGE		DISCHARGE STATUS
HISTORY	HAVE YOU BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE
	PLEASE EXPLAIN		
REFERENCES	NAME		PHONE NUMBER OR EMAIL
	ADDRESS		
	RELATIONSHIP		LENGTH OF TIME KNOWN
	NAME		PHONE NUMBER OR EMAIL
	ADDRESS		
	RELATIONSHIP		LENGTH OF TIME KNOWN
	NAME		PHONE NUMBER OR EMAIL
	ADDRESS		
	RELATIONSHIP		LENGTH OF TIME KNOWN

AUTHORIZATION

I certify that the facts contained in the application are true and complete to the best of my knowledge and 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 Care Animal Hospital from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representation from Care Animal Hospital has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Care Animal Hospital representative.

SIGNATURE

DATE