

FMA ANIMAL HOSPITAL

Employment Application

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of our Human Resource Department.

Position(s) applied for: _____ Date of application: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: () _____ Social Security Number: _____

If you are under 18, can you furnish a work permit? Yes No

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work: ____ / ____ / ____

Type of work desired: Full-time Part-time

Are you able to meet the attendance requirements of the position? Yes No

Have you been convicted of a crime in the last ten (10) years? Yes No

Such conviction may be relevant if job-related, and may not bar you from employment.

If yes, please explain: _____

Employment History

List your last three (3) employers with the most recent listed first.

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE	ADDRESS		
SUPERVISOR	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
REASON FOR LEAVING	HOURLY RATE/SALARY	START \$ _____ PER _____	
		FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE	ADDRESS		
SUPERVISOR	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
REASON FOR LEAVING	HOURLY RATE/SALARY	START \$ _____ PER _____	
		FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE	ADDRESS		
SUPERVISOR	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		

REASON FOR LEAVING	HOURLY RATE/SALARY	START \$ _____ PER _____	
		FINAL \$ _____ PER _____	

Skills and Qualifications

Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying: _____

Educational Background (If Job Related)

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

References

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

I hereby certify that the information I have entered on this form is correct to the best of my knowledge. I further understand that any false, inaccurate or omitted information given to this employer as a part of the hiring process is grounds for immediate termination no matter when such is discovered.

I give the employer the right to examine any and all criminal records, arrests, credit, and workers compensation records on file in the counties in the State of Kansas or any other state. In doing so, I understand that I am waiving my right of confidentiality. I give the employer the right to make a thorough investigation of my past employment activities concerning my services, character and conduct. I release from all liability any persons, companies, and corporations supplying such information.

This employer is an Equal Opportunity Employer. Our policy is to consider all applicants for employment based on their qualifications and our current job vacancies.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to complete a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA. I have been informed of the physical requirements for the position for which I am applying and I can perform the physical requirements of the position.

Signature of Applicant: _____

Date: _____