

Montgomery Animal Hospital

827 Bethlehem Pk. • Flourtown, PA 19031 • 215-233-3958

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

*We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability.
It is our intention that all qualified applications be given equal opportunity and that selection decisions are based on job-related factors.*

PERSONAL

Social Security Number _____ Date _____

Name _____
Last First Middle

Address _____ Phone _____
Street City State Zip

Position(s) applied for _____

Can you work full time part time If part time, specify days and hours available _____

Were you previously employed by us? yes no If so, when? _____

List any friends or relatives working here, other than spouse _____

If your application is considered favorably, what date will you be available to start? _____

Are there any other work experiences, skills or qualifications that you feel would especially fit you for work here? Please add any comments you think are important for us to consider _____

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.
For jobs with minimum age requirements: Date of birth _____

Are you a U.S. Citizen? yes no If not, do you have a valid work permit? yes no

Have you ever been convicted of a felony? yes no If yes, please explain: _____

Have you previously applied here? If yes, when? _____

Have you worked for any firm under a different name? yes no If yes, give name: _____

Work History

(begin with the most recent, list all past employers, including any pertinent military experience)

Name of Company	Address		Phone
Type of Business	Immediate supervisor		Date employed From To
Exact job title	Earnings at hire	At termination	Reason for Termination
Description of duties			

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Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause, the employer's only obligation being to pay salary or wages due and owing at the time of the termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from the final paycheck(s) all monies due and owing to the company..

Signature _____ Date _____