



KIPLING VETERINARY HOSPITAL
AND WELLNESS CENTER

APPLICATION FOR EMPLOYMENT
(PLEASE PRINT CLEARLY)

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 applicants be given equal opportunity and that selection decisions are based on job-related factors.

Personal

Social Security No. _____ Date _____

Name _____
Last First Middle

Present address _____ Telephone no. _____
No. Street City State Zip

Position applied for _____ Rate of pay expected \$ _____ per hour

Would you work ___ Full-time ___ Part-time Specify days and hours if part-time _____

Were you previously employed by this organization? ___ If yes, when? _____

List any friends or relatives working here, other than spouse _____
Name(s)

If your application is considered favorably, on what date will you be available for work? _____ 20__

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here? Please add any additional
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: _____

If hired, can you furnish proof you are eligible to work in the United States?..... yes no

Have you ever been convicted of a felony? yes no

A "yes" answer does not automatically disqualify you from employment since the nature of offense, date, and the job for which you are applying will be considered.

If yes, please explain _____

Have you previously applied here?..... yes no

If yes, when? _____

Have you worked for any firm under a different name?..... yes no

If yes, give name _____

Personal References (not former employers or relatives)

Name and occupation	Address	Phone number

Education Record

Name of School	Degree Awarded	Grade Average	Honors
High School			
College or University			
Business, Trade, Correspondence, Or Night School			
Other			
Office machines and computers you know how to operate			

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

Name of Company		Business address		Phone no.
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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