



# Biddeford Animal Hospital

## Employment Application

Applicant Information									
Full Name:					Date:				
<i>Last</i>				<i>First</i>			<i>M.I.</i>		
Address:									
<i>Street Address</i>						<i>Apartment/Unit #</i>			
<i>City</i>						<i>State</i>		<i>ZIP Code</i>	
Phone: ( )		E-mail Address:							
Date Available:		Social Security No.:			Desired Salary:		\$		
Position Applied for:			# hours desired :						
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you 18 years old or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, explain:									
Education									
High School:			Address:						
From:	To:	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
College:			Address:						
From:	To:	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
Other:			Address:						
From:	To:	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
References									
<i>Please list three professional references.</i>									
Full Name:				Relationship:					
Company:					Phone: ( )				
Address:									
Full Name:				Relationship:					
Company:					Phone: ( )				
Address:									
Full Name:				Relationship:					
Company:					Phone: ( )				
Address:									

**Previous Employment**

Company:				Phone:	( )
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	( )
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	( )
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Other Job Functions**

This job will require lifting (25-50lbs), cleaning and close contact with animals on a regular basis. Are you able to perform these tasks (with or without a reasonable accommodation)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If No, can you please explain:		

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_