



Badger VETERINARY HOSPITAL

APPLICATION FOR EMPLOYMENT

Please Print		<i>BADGER VETERINARY HOSPITAL IS AN EQUAL OPPORTUNITY EMPLOYER</i>	
Last Name	First Name	Middle Initial	Phone Number
Address		City	Zip Code
WORK EXPERIENCE – LIST MOST RECENT JOB FIRST			
From	Employer's Name/Address/Telephone	Start Pay	Job Title
To		Last Pay	Reason for Leaving
Describe the Work You Did			
From	Employer's Name/Address/Telephone	Start Pay	Job Title
To		Last Pay	Reason for Leaving
Describe the Work You Did			
From	Employer's Name/Address/Telephone	Start Pay	Job Title
To		Last Pay	Reason for Leaving
Describe the Work You Did			
GENERAL INFORMATION			
What position are you applying for? _____		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
When are you available to start work? _____		Are you willing to work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>		Pay expected \$ _____	
If not, can you provide a valid work permit, high school diploma, or equivalent? Yes <input type="checkbox"/> No <input type="checkbox"/>		What languages do you speak or write fluently? _____	
If hired, can you verify that you have the legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have any special skills, training, or experience which may help you qualify for this job? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, please explain: _____			
Do you have a reliable means of transportation to get to work? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are there any times during the week that you are not available to work? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so, please explain: _____			
Do any of your relatives work for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, who? _____			
Have you ever worked for this company before? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when? _____			
How did you find out about this job? _____			

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
<i>Graduate</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>College</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Business/Trade /Technical</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>High School</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Elementary</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>	

CERTIFICATION AND ACKNOWLEDGEMENT

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination.

I authorize the company to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to the company any and all information they may have concerning my previous employment. In addition, I hereby release the company, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure.

I acknowledge that, if employed, both the company and I have the right to terminate the employment relationship at any time, with or without cause or advanced notice. This employment at will relationship will remain in effect throughout my employment with the company and may not be modified by any oral or implied agreement.

Applicant's Signature

Date