

GREENWOOD LAKE ANIMAL HOSPITAL, LLC EMPLOYMENT APPLICATION
An Equal Opportunity Employer

GENERAL INFORMATION			
JOB APPLIED FOR:			SSN:
DRIVERS LICENSE NUMBER:			STATE ISSUED:
NAME AND ADDRESS			
NAME (last, first, M.I.):			HOME PHONE:
MAILING ADDRESS:			CELL PHONE:
CITY:	STATE:	ZIP CODE:	Are you 18 years of age or older? Yes No
WORK SCHEDULE AVAILABILITY			
PERMANENT	FULL TIME	DATE YOU CAN REPORT FOR WORK:	
SEASONAL	PART TIME	SALARY DESIRED:	
EITHER (Check Only One)	EITHER (Check Only One)		
EMPLOYEE HISTORY			
<p>Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing any criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence.</p> <p>Yes No</p>			
<p>In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details.</p> <p>Yes No</p>			
Details:			
Have you ever applied to GWLAH before? Yes No If so, when?			
Do you have any family or friends that work here? (Please Check One) Yes No			
Why do you want to work here?			
PROFESSIONAL REFERENCES			
GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR			
NAME	ADDRESS / PHONE	BUSINESS	YEARS KNOWN

EDUCATION / TRAINING HISTORY

List colleges, military, trade, business or other schools attended

Do you have a high school diploma or a GED certificate? (Check one) **YES** **NO**

	Name Of School, College, or University	Course of Study (List Major)	Credits Earned	Did You Graduate? (Yes / No)	Degree or Certificate Received
A					
B					
C					

LICENSE / REGISTRATION / CERTIFICATE

List any required professional license, registration, certificate, Commercial Driver's License (CDL), etc.

Description	State	Number	Expiration

SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.).

Attach additional pages as needed.

WORK HISTORY**JOB NUMBER ONE (current or most recent position)**

NAME OF EMPLOYER:

ADDRESS:

PHONE NUMBER:

JOB TITLE:

SUPERVISOR'S NAME:

FROM (MONTH-YEAR)

TO (MONTH-YEAR)

SALARY:

HOURS PER WEEK:

TOTAL TIME IN POSITION:

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER TWO

NAME OF EMPLOYER:

ADDRESS:

PHONE NUMBER:

JOB TITLE:

SUPERVISOR'S NAME:

FROM (MONTH-YEAR)

TO (MONTH-YEAR)

SALARY:

HOURS PER WEEK:

TOTAL TIME IN POSITION:

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER THREE		
NAME OF EMPLOYER:		ADDRESS: PHONE NUMBER:
JOB TITLE:		SUPERVISOR'S NAME:
FROM (MONTH-YEAR)		TO (MONTH-YEAR)
SALARY:	HOURS PER WEEK:	TOTAL TIME IN POSITION:
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		
Reason for leaving this position:		
JOB NUMBER FOUR		
NAME OF EMPLOYER:		ADDRESS: PHONE NUMBER:
JOB TITLE:		SUPERVISOR'S NAME:
FROM (MONTH-YEAR)		TO (MONTH-YEAR)
SALARY:	HOURS PER WEEK:	TOTAL TIME IN POSITION:
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		
Reason for leaving this position:		
CERTIFICATION AND SIGNATURE		
<p>I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.</p> <ul style="list-style-type: none"> • I certify that all statements contained herein are true and complete. • I understand that if hired, I must prove that I am legally authorized to work in the United States. • I authorize the Greenwood Lake Animal Hospital, LLC to check employment references and verify education information provided on this employment application and as disclosed in the interview process. • I authorize the Greenwood Lake Animal Hospital, LLC to check my driving record if the position for which I am applying requires driving. • I authorize the Greenwood Lake Animal Hospital, LLC to run a credit history check and/or criminal history background check as a condition of employment. • I release the Greenwood Lake Animal Hospital, LLC and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process, • I understand Greenwood Lake Animal Hospital, LLC is an Employee-at-will establishment. 		
SIGNATURE:		DATE:

Thank You For Your Interest In Employment With The Greenwood Lake Animal Hospital