

ANIMAL MEDICAL CLINIC AT ST JOHNS

APPLICATION FOR EMPLOYMENT
PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Name (Last, First)		Are you over the age of 18? YES / NO	
Present Address	City	State	Zip
Permanent	City	State	Zip
Phone No.:	Referred By:		
Position desired	Date you can start	Pay range expected	
Are you currently employed? YES / NO	Where?	If so may we contact your employer? YES / NO	
Have you ever applied to Animal Medical Clinic before? YES / NO		When?	

	School Name and Address	How many years attended?	Did you graduate?	Degree
Grammar School				
High School				
College				
Trade or Business School				

Subject of Special Study/Research Work or Special Training Skills _____ _____	
US Military or Naval Service	Rank

Anything else you would like to tell Animal Medical Clinic about yourself?

Former Employers

(List below last four employers, starting with the most recent one first)

	Name and address of employer	Supervisor	Salary	Reason for Leaving
From:				
To:				

	Name and address of employer	Supervisor	Salary	Reason for Leaving
From:				
To:				

	Name and address of employer	Supervisor	Salary	Reason for Leaving
From:				
To:				

	Name and address of employer	Supervisor	Salary	Reason for Leaving
From:				
To:				

I certify that I have read and fully completed this application and that the information contained herein is correct to the best of my knowledge. I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal and otherwise.

Applicant signature

Date