

AAHA

American Animal Hospital Association

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 # _____ Date _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # _____
Day Evening

Position Applied For _____ Rate of Pay expected \$ _____

Applying for: Part Time: _____ Full Time: _____

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

List any friends or relatives working here _____

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

Are there any other work experiences, skills, or qualifications that you feel would especially fit you working here? Please add any additional comments that you feel 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.

Date of Birth? _____

Have you ever been convicted of a felony? _____ If yes, when? _____

Have you previously applied at our clinic? _____ If yes, when? _____

Have you ever worked for any firm under a different name? _____ If yes, what is the name? _____

Personal References

(not including former employees or relatives)

Name and Occupation	Address	Phone number

Membership in Professional or Civic Organizations

(do not include racial, religious, or nationality groups)

Name and description of organization	From	To	Offices Held

Education Record

(Nonveterinarians only)

Name of school	GPA	Honors	Edge award
High school			
College or University			
Business Trade, Correspondence, or Night School			
Other			

Do you have typing skills? _____ If yes, _____ WPM

Shorthand? _____ WPM

Do you have computer experience? If yes, what programs do you have experience with?

Work History

(Begin with the most recent)

Name of Company	Address	City, State	Phone Number
Type of Business	Supervisor	To:	From
Job Title	Earnings at hire	At termination	Reason for termination

Description of Duties:

Name of Company	Address	City, State	Phone Number
Type of Business	Supervisor	To:	From
Job Title	Earnings at hire	At termination	Reason for termination

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Type of Business	Supervisor	To:	From
Job Title	Earnings at hire	At termination	Reason for termination

Description of Duties:

For employers use only

Reference check

Date Called	Company Called	Personal Contact	Comments

Interview Results
