

**Sauk Prairie
Small Animal Hospital
And Shamrock Pet Resort
E11340 County Road PF
Prairie du Sac, WI 53578
(608) 643-2451 (608) 643-2647 Fax
Email address: spsmallanimal@aol.com**

An Equal Opportunity Employer—Male/Female

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or handicap. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

APPLICATION FOR EMPLOYMENT

Date: _____ How did you hear about this position opening? _____

Email Address: _____

Name _____ Telephone: _____
 First Middle Last

Present address _____
 No. Street City State Zip

Position(s) applied for _____ Expected rate of pay _____ per week

Would you work? ___ Full-time ___ Part-time Days and hours available to work: _____

Outside commitments that would affect your availability to work? _____

Were you previously employed by this organization? Yes No If yes, when? _____

List any friends or relatives working here _____

If you are offered a job, on what date will you be available for work _____

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here? Please add any additional comments you think are important for us to consider.

Are you at least 18 years old? Yes No If no, please state date of birth: _____

Are you a U.S. Citizen? Yes No

If no, do you have a valid work permit?..... Yes No

Have you ever been convicted of a felony?..... Yes No

If yes, please explain. _____

Have you previously applied here? Yes No If yes, when: _____

Have you worked anywhere under a different name? Yes No If yes, give name: _____

Employment References (not relatives)

Name/Relationship	Address	Phone Number

Membership in Professional/Civic Organizations (do not include racial, religious, or nationality groups)

Name/Description of Organization	From	To	Office Held

Education Record—Non veterinarians Only

Name of School	From	To	Degree	Grade	Honors
High school:					
College or University:					
Business, Trade, Correspondence, or Night School:					
Other:					
Do you type? Yes No	Computer programs with which you are familiar:				
WPM:					

Work History (begin with most recent, list all past employers)

Name of Company	Address		Phone No.
Business Type	Supervisor		Date employed. From/To
Job title	Earnings at Hire	At Termination	Reason for Leaving
Description of Duties			

Name of Company	Address		Phone No.
Business Type	Supervisor		Date employed. From/To
Job title	Earnings at Hire	At Termination	Reason for Leaving
Description of Duties			

Name of Company	Address		Phone No.
Business Type	Supervisor		Date employed. From/To
Exact job title	Earnings at Hire	At Termination	Reason for Leaving
Description of Duties			

Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of the termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck(s) all monies due and owing to the company.

Signature _____ Date _____