KENAI VETERINARY HOSPITAL

10976 Kenai Spur Kenai, AK 99611

EMPLOYMENT APPLICATION

DATE OF APPLICATION:_

			PE	ERSONAL								
LAST NAME			FIRST NAME				INITIAL					
MAILING ADDRESS	3		APT#	CITY		STATE		ZIP				
		T										
(AREA CODE) TELI	EPHONE NUMBER	U.S. CITIZEN YES	\square NO \square	SOCIAL SECURITY #		BIRTHDATE						
DATE AVAILABLE STARTING WAGE NEEDED				WILL YOU ACCEPT WEEKEND WORK? YES □ NO □ FULL TIME □ PART TIME [
	BEEN CONVICTED OF A CI OFFENSE(S) & DISPOSITION	RIME? YES □ N	0 🗆	HAVE YOU EVER BEEN CONVICTED OF FRAUD? YES □ NO □ IF YES, GIVE DATE(S), OFFENSE(S) & DISPOSITION								
120, 0112 5/112(0),	5. 1 2.102(6) & Biol 66.116.11			11 123, GIVE DATE(3), OFFENSE(3) & DISPUSITION								
MARITAL STATUS:				DEPENDENTS:								
EMPLOYMENT HISTORY												
LIST	MOST RECENT POSITION	N FIRST	LIST OTHER NA	AMES USED WHILE EMPLOY	PED/VOLUNTEERING WITH T	HESE EMPLOYE	EES:					
FROM	NAME OF EMPLOYER			NAME/TITLE LAST SUPER	DV/ISOP		TELEDI	IONE NO.				
MO. YR	NAME OF EMPLOYER			NAME/IIILE LAST SUPER	KVISOR		TELEPH	IONE NO.				
то	ADDRESS STREET	CITY	STATE	ZIP CODE	POSITION HELD		ENDING	SALARY				
MO. YR	ABBREOG GIREET	3111	OIME	ZII OODL	TOOMOITTIEED							
								PER				
BRIEFLY DESCRIB	E THE WORK YOU PERFO	DRMED:			•							
REASON FOR LEA	VING:					MAY WE COM	NTACT THIS I	EMPLOYER?				
						YES	S □ NO					
FROM MO. YR				NAME/TITLE LAST SUPERVISOR			TELEPH	IONE NO.				
TO	ADDDESS STREET	CITY	STATE	ZIP CODE	POSITION HELD		ENDING	CALADY				
TO MO. YR	ADDRESS STREET	CITT	STATE	ZIF CODE	POSITION RELD		ENDING	SALARY				
								PER				
RRIEFI V DESCRIR	E THE WORK YOU PERFO	DMED:										
5.4.2. 2. 5266.4.5												
REASON FOR LEA	VING:					MAY WE CON	NTACT THIS I	EMPLOYER?				
						YES	s 🗆 NO					
FROM	NAME OF EMPLOYER			NAME/TITLE LAST SUPER	RVISOR		TELEPH	HONE NO.				
MO. YR				10.1112227.01.00.21								
то	ADDRESS STREET	CITY	STATE	ZIP CODE	POSITION HELD		ENDING	SALARY				
MO. YR								DED				
								PER				
BRIEFLY DESCRIBE THE WORK YOU PERFORMED:												
REASON FOR LEAVING: MAY WE CONT								ACT THIS EMPLOYER?				
				YES [S □ NO					
1												

EDUCATION												
SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	DATES ATTENDED	COURSE OF STUDY	DID YOU GRADUATE?	DIPLOMA					
				FROM TO		GIVADUATE:	DEGREE					
HIGH SCHOOL												
TRADE												
SCHOOL												
COLLEGE												
LIST HEALTH C	ARE, BUSINESS OR INDUSTRIA	L FOLUPMENT THAT YO	IL CAN OPERATE	PROFICIENTI V			<u> </u>					
LIST HEALTH C	ARE, BUSINESS OR INDUSTRIA	L EQUIPMENT THAT TO	O CAN OPERATE	E PROFICIENTLY.								
	PROFES	SIONAL LICEN	ISES, REG	ISTRATION AND	D/OR CERTIFICATION	S						
TYP	E STATE IS:	SUED D	DATE ISSUED EXPI		NUMBER	ELIGIBLE						
TYP	E STATE IS:	SLIED D	ATE ISSUED	EXPIRES	NUMBER	ELI/	GIBLE					
	L GIAILIO	5025	ATE IOOOED	EXTINES	NOWBER	LLIN	JIDEE					
PROF	ESSIONAL REFERE	ENCES – LIST	TWO PRO	FESSIONAL REI	FERENCES WHO ARE	NOT RELAT	IVES					
NAME			ADDRESS				YEARS KNOWN					
OCCUPATION			TELEPHONE									
NAME			ADDRESS				YEARS KNOWN					
OCCUPATION			TELEPHONE									
_		AF	PLICANT'S	S CERTIFICATION	ON		_					
,					y misleading or false st							
render th	is application void a	nd would be suf	ficient caus	se for immediate	dismissal in the event	of employmer	nt.					
I underst	and that this is an ap	plication for em	ployment a	and that no empl	oyment contract is bein	g offered.						
Lfurthor	understand that as a	condition of or	nlovmont l	will be required	to cubmit to a drug tost	according to	Konai					
I further understand that as a condition of employment I will be required to submit to a drug test according to Kenai Veterinary Hospital (KVH) standards and if my drug test results are unsatisfactory, I will not be employed by KVH.												
I hereby authorize KVH to investigate all matters contained in the application and to contact prior employers to obtain												
	all information relate				ation and to contact pric	or employers	to obtain					
		b!!		:		والمناح المامالة المرود						
I agree, if employed to abide by all Kenai Veterinary Hospital's rules and regulations. I understand that such employment is for an indefinite period of time and that the company can change wages, benefits and conditions of												
	nent at any time.											
I have read and understand the above.												
That's road and andoround the above.												
DATE:	DATE: SIGNATURE:											
Ditte.												

IMPORTANT NOTICE TO ALL APPLICANTS

If you are selected for employment you must be prepared to verify your eligibility to work as required under the Immigration Reform and Control Act of 1986. This requirement applies to all new employees including U.S. Citizens, permanent residents and non-immigrants. You will have to provide documents within 3 days of your hire date to verify your identity and eligibility to work.