

KENAI VETERINARY HOSPITAL
 10976 Kenai Spur
 Kenai, AK 99611
EMPLOYMENT APPLICATION

DATE OF APPLICATION: _____

PERSONAL									
LAST NAME				FIRST NAME				INITIAL	
MAILING ADDRESS			APT #	CITY			STATE		ZIP
(AREA CODE) TELEPHONE NUMBER		U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>		SOCIAL SECURITY #				BIRTHDATE	
DATE AVAILABLE		STARTING WAGE NEEDED		WILL YOU ACCEPT WEEKEND WORK? YES <input type="checkbox"/> NO <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>					
HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES <input type="checkbox"/> NO <input type="checkbox"/> <small>IF YES, GIVE DATE(S), OFFENSE(S) & DISPOSITION</small>				HAVE YOU EVER BEEN CONVICTED OF FRAUD? YES <input type="checkbox"/> NO <input type="checkbox"/> <small>IF YES, GIVE DATE(S), OFFENSE(S) & DISPOSITION</small>					
MARITAL STATUS:				DEPENDENTS:					
EMPLOYMENT HISTORY									
LIST MOST RECENT POSITION FIRST				LIST OTHER NAMES USED WHILE EMPLOYED/VOLUNTEERING WITH THESE EMPLOYEES:					
FROM MO. YR	NAME OF EMPLOYER			NAME/TITLE LAST SUPERVISOR				TELEPHONE NO.	
TO MO. YR	ADDRESS	STREET	CITY	STATE	ZIP CODE		POSITION HELD		ENDING SALARY ____ PER ____
BRIEFLY DESCRIBE THE WORK YOU PERFORMED:									
REASON FOR LEAVING:								MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
FROM MO. YR	NAME OF EMPLOYER			NAME/TITLE LAST SUPERVISOR				TELEPHONE NO.	
TO MO. YR	ADDRESS	STREET	CITY	STATE	ZIP CODE		POSITION HELD		ENDING SALARY ____ PER ____
BRIEFLY DESCRIBE THE WORK YOU PERFORMED:									
REASON FOR LEAVING:								MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
FROM MO. YR	NAME OF EMPLOYER			NAME/TITLE LAST SUPERVISOR				TELEPHONE NO.	
TO MO. YR	ADDRESS	STREET	CITY	STATE	ZIP CODE		POSITION HELD		ENDING SALARY ____ PER ____
BRIEFLY DESCRIBE THE WORK YOU PERFORMED:									
REASON FOR LEAVING:								MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATION								
SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	DATES ATTENDED		COURSE OF STUDY	DID YOU GRADUATE?	DIPLOMA DEGREE
				FROM	TO			
HIGH SCHOOL								
TRADE SCHOOL								
COLLEGE								

LIST HEALTH CARE, BUSINESS OR INDUSTRIAL EQUIPMENT THAT YOU CAN OPERATE PROFICIENTLY:

PROFESSIONAL LICENSES, REGISTRATION AND/OR CERTIFICATIONS					
TYPE	STATE ISSUED	DATE ISSUED	EXPIRES	NUMBER	ELIGIBLE
TYPE	STATE ISSUED	DATE ISSUED	EXPIRES	NUMBER	ELIGIBLE

PROFESSIONAL REFERENCES – LIST TWO PROFESSIONAL REFERENCES WHO ARE NOT RELATIVES		
NAME	ADDRESS	YEARS KNOWN
OCCUPATION	TELEPHONE	
NAME	ADDRESS	YEARS KNOWN
OCCUPATION	TELEPHONE	

APPLICANT'S CERTIFICATION
<p>I certify that all matters contained in this application are true, and that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event of employment.</p> <p>I understand that this is an application for employment and that no employment contract is being offered.</p> <p>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.</p> <p>I hereby authorize KVH to investigate all matters contained in the application and to contact prior employers to obtain any and all information related to my past work performance.</p> <p>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 employment at any time.</p> <p>I have read and understand the above.</p> <p>DATE: _____ SIGNATURE: _____</p>

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.