

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____
Last First Middle

Address: _____
Street (Apt) City/State Zip

Alternate Address: _____
Street City/State Zip

Contact Information: _____
Home Telephone Mobile Telephone Email

How did you learn about our company?

POSITION SOUGHT: _____ **Available Start Date:** _____

Desired Pay Range: _____ **Are you currently employed?** _____
Hourly or Salary

EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Animal Care Center in an equal opportunity employer and considers applicants for all positions without regard to race, color, religion/creed, sex, national origin, ancestry, age, disability, veteran status, sexual orientation or any other legally protected classes.

ANIMAL CARE CENTER IS AN AT-WILL EMPLOYER. ANY EMPLOYMENT RELATIONSHIP ENTERED INTO WITH ANIMAL CARE CENTER MAY BE ENDED BY THE EMPLOYEE OR ANIMAL CARE CENTER WITH OR WITHOUT REASON AT ANY TIME.

All answers and statements are true and complete to the best of my knowledge. I authorize Animal Care Center to verify this information, and that untruthful or misleading answers are cause for rejection of this application or dismissal if employed.

TO BE ACCEPTED, YOU MUST SIGN AND DATE THIS APPLICATION.

Signed: _____ **Date:** _____

**Please note that by typing your name above you are giving your legal electronic signature, and in so doing you are stating that the above information is true and correct to the best of your knowledge. You will be asked to initial and date this document if interviewed.*