



Pet Hospital of Peñasquitos

Full Service, Compassionate, Progressive, Veterinary Care for all your Pets

We treat your pets as our own

Employment Application

Name & Address

Last:	First, Middle Initial	Social Security Number:	
Address:			
City:	State:	Zip Code:	Telephone:

Desired Employment

Position requested:	Date you can start:	Desired salary:
Are you currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	If employed, name of your current employer:	
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving current employer:	
Please list your availability: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____		

General Information

Does law allow you to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?
Can you submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Are you capable of performing the job functions for the position you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Please list any activities, special interests, or organizations that apply to this position: (Please exclude any that indicate race, creed, gender, marital status or age)
In case of emergency, whom should we notify? Name: _____ Address: _____ Telephone: _____

Education

School	Name & Location of School	Years Attended	Years Completed	Degree/Certificate
High School				
University / College				

Graduate School				
Other School				

Employment History (Please list most recent first)

Employer	Job Title
Address	Duties
Telephone	Starting Pay Ending Pay
Employment Dates From: To:	Reason for leaving
Employer	Job Title
Address	Duties
Telephone	Starting Pay Ending Pay
Employment Dates From: To:	Reason for leaving
Employer	Job Title
Address	Duties
Telephone	Starting Pay Ending Pay
Employment Dates From: To:	Reason for leaving
Employer	Job Title
Address	Duties
Telephone	Starting Pay Ending Pay
Employment Dates From: To:	Reason for leaving
Employer	Job Title
Address	Duties
Telephone	Starting Pay Ending Pay
Employment Dates From: To:	Reason for leaving

References

Name	Occupation	Relationship	Years Known	Telephone Number

Additional Skills or Expertise

List any achievement that you consider relevant to the job you applying for:
List any languages you speak, read or write fluently:
U.S. Military Service: Rank/Rate: Years Served:

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature: _____

Date: _____