NEWTON ANIMAL CLINIC APPLICATION FOR EMPLOYMENT

Newton Animal Clinic is an equal opportunity employer. Newton Animal Clinic does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.
Name Date
Address
E-mail Address
Home Phone # Mobile Phone #
Are you eligible to work in the U.S?YesNo
Are you at least 18 years or older? (If no, you may be required to provide authorization to workYesNo
Have you ever been terminated from employment or asked to resign by an employer?YesNo
f yes, please provide company names and details
Can you work any shift?YesNo If no, explain:
Can you work overtime, including weekends?YesNo
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?YesNo
EMPLOYMENT DESIRED
Date you can startHourly_rate/Salary desired
Position desired
Are you currently employed? If so may we inquire of your present employer?
REFERRAL SOURCE
How did you hear about us? Walk In Advertisement Referral Other
Have you ever worked for this company before?YesNo Explain
Do you know anyone who works for our company? Yes No If yes, who?

EDUCATION	Degree Received	Subjects studied/Major
High School		
College or University		
Trade, Business or Correspondence School		

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	То	Employer Name	Telephone		
Job Title		Address			
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities			
Reason for lea	aving				
From	То	Employer	Telephone		
Job Title		Address			
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities			
Reason for lea	aving				
From	То	Employer	Telephone		
Job Title		Address			
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities			
Reason for lea	aving				
From	То	Employer Name	Telephone		

Job Title	Address			
Immediate supervisor and title	Summarize the nature of work performed and job responsibilities			
Reason for leaving				
Do you have any special sk perform the position applied	ills, experience and/or training that would I for? If yes, explain.	enhance you	r ability to	
REFERENCES				
Give the names of three pe years.	rsons not related to you, whom you have	known at leas	t three (3)	
Name	Address, Phone, Email	Company	Years Acquainted	
1				
2				
3				
Please read carefully before	ore signing.			
consideration for employmented, I understand that eith and for any reason, with or	e completion of this application nor any of ent establishes any obligation for [Compa er [Company Name] or I can terminate m without cause and without prior notice. I of Name] has the authority to make any as	ny Name] to hi y employmen understand tha	ire me. If I am tat any time at no	
information on this applicati [Company Name] to contact information I have provided	elow that I have given to [Company Name on. No requested information has been of t references provided for employment ref is untrue, or if I have concealed material e for the denial of employment or immedi	oncealed. I au erence checks information, I	thorize s. If any	
Date Sig	nature			

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.