



10909 Indian Head Highway
Fort Washington, MD 20744
(301) 292 – 1150
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www.IndianheadAnimal Hospital.com

Application for Employment

Name: _____ Date: _____
Address: _____ SS#: _____
_____ Phone: _____

Position Desired: _____

Can you perform the essential function of the position for which you are applying? Yes No
If no, please explain.

When will you be available to begin work? _____

Are you legally eligible to be employed in the United States? Yes No
(Proof of identity and eligibility will be required upon employment.)

Are you over the age of 18? Yes No
(If no, you may be required to provide authorization to work.)

Have you ever been convicted of a felony or a misdemeanor, which resulted in imprisonment within the last seven years? Yes No If yes, please explain: (a conviction will not necessarily result in the denial of employment.)

Have you ever worked for this company before? Yes No
If yes, what position did you hold? _____
When? (give dates) _____

Do you have any relatives or friends that work for this company? Yes No
If yes, who and what is their position? _____

Have you ever done any volunteer work? Yes No
If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age sex, sexual orientation, marital status or disabilities)

Are you available to work: Days Nights Weekends Full time

If you cannot work full time, please explain: _____

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? Yes No

If yes, may we contact your employer? Yes No

If presently employed, why are you considering leaving? _____

Do you belong to any professional, trade, business, or civic organizations that deal with the position for which you are applying? Yes No If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

Account for any full month since leaving school (high school or college) that you were not working:

	From	To	Reason
Month/Year			
Month/Year			
Month/Year			

Education:

	Name and Location of school	Course of study	No. years completed	Degree Received
High School				
College				
Vocational or trade school				
Graduate work				

Personal References – Give three individuals (not relatives or employers)

Name	Occupation
Address	Telephone Number ()
Name	Occupation
Address	Telephone Number ()
Name	Occupation
Address	Telephone Number ()

Applicants will receive consideration for positions, without regard to race, color, religion, age, sex, except where sex is a bonafide occupational qualification, sexual orientation, and marital status, individuals with disabilities, and equally disabled veterans and veteran of the Vietnam era.

Important, please read and sign

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or it's subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: _____