

Gunston and Dale City Hospitals Employment Application

(Please Print)

Position(s) Applied For: _____	Date of Application _____
Which location(s) are you applying? (please circle)	Dale City Gunston (Lorton)
How Did you hear about us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Personal Information

Social Security No. _____ - _____				
Name				
Last	First	Middle		
Present Address				
No.	Street	City	State	Zip
Telephone Numbers				
Home	Cellular	Work		
Are you 18 years of age or older? (check one) YES NO				
If you are hired, can you provide written evidence that you are authorized to work in the U.S.?			(check one)	YES NO
Have you ever been convicted of a felony? (check one) YES NO				
Schedule Availability: (check all that apply) FULL-TIME PART-TIME				
Available Time Frames: (check all) MORNING EVENING OVERNIGHT WEEKEND				
Indicate any schedule limitations: _____				
Were you previously employed by Noah's Ark Animal Hospitals?			(check one)	YES NO
If yes, when? _____				
Have you previously applied for a position at Noah's Ark?			(check one)	YES NO
List any friends or relatives working here, other than spouse _____				Name(s)
Date available to begin employment: _____		Rate of Pay Requested _____		

Personal References (not former employers or relatives)

Name and Occupation	Address	Phone Number

Education

Name of School	Dates Attended		Degree Awarded	Honors
	From	To		
High School				
College or University				
Other				

Work History

(begin with most recent)

Name of Company	Business Address	City	State	Telephone Number
Type of Business	Immediate Supervisor		Dates Employed From _____ To _____	
Exact Job Title	Earnings at hire	At Exit		Reason for Leaving
Description of Duties				
May we contact this previous employer? (check one) YES NO				

Name of Company	Business Address	City	State	Telephone Number
Type of Business	Immediate Supervisor		Dates Employed From _____ To _____	
Exact Job Title	Earnings at hire	At Exit		Reason for Leaving
Description of Duties				
May we contact this previous employer? (check one) YES NO				

Name of Company	Business Address	City	State	Telephone Number
Type of Business	Immediate Supervisor		Dates Employed From _____ To _____	
Exact Job Title	Earnings at hire	At Exit		Reason for Leaving
Description of Duties				
May we contact this previous employer? (check one) YES NO				

Name of Company	Business Address	City	State	Telephone Number
Type of Business	Immediate Supervisor		Dates Employed From _____ To _____	
Exact Job Title	Earnings at hire	At Exit		Reason for Leaving
Description of Duties				
May we contact this previous employer? (check one) YES NO				

Applicant's Statement

I understand that Noah's Ark Animal Hospital follows an 'at will' policy, in that I or the employer may terminate my employment at any time, and for any reason consistent with applicable state or federal law; this 'employment at will' policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer at Noah's Ark Animal Hospital. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that a drug test may be required prior to my employment.

I certify that all statements herein are true and understand that falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

 Applicant's Signature

 Date

~Gunston and Dale City Office Use Only ~

Notes	Interview time and date _____ / _____ am/pm
	Date of Hire: _____
	Start Date: _____
	Employment Status: FT PT TEMP FT TEMP PT
	Days & Hours available: M T W TH F S SUN MORNINGS EVENINGS WEEKENDS
Interviewed By: _____	Rate of Pay: _____
Special Instructions: _____	Approved/authorized by: _____