



**Education**

High School Name: \_\_\_\_\_ Number of years completed \_\_\_\_\_  
City & State: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

College: \_\_\_\_\_ Degree or # yrs completed \_\_\_\_\_  
City & State: \_\_\_\_\_ Other: \_\_\_\_\_

List any experiences you have had working with animals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any classes you have taken or experiences you have had which directly relate to the position you are applying for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment 1**

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current employer: \_\_\_\_\_

City, State & Phone: \_\_\_\_\_

Your Position or Title: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Wage/rate of pay: \_\_\_\_\_ per Hour Week Month (circle one)

May we contact your Employer? Yes \_\_\_\_ No \_\_\_\_

**Previous Employment 2**

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current employer: \_\_\_\_\_

City, State & Phone: \_\_\_\_\_

Your Position or Title: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Wage/rate of pay: \_\_\_\_\_ per Hour Week Month (circle one)

May we contact your Employer? Yes \_\_\_\_ No \_\_\_\_

**Previous Employment 3**

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current employer: \_\_\_\_\_

City, State & Phone: \_\_\_\_\_

Your Position or Title: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Wage/rate of pay: \_\_\_\_\_ per Hour Week Month (circle one)

May we contact your Employer? Yes \_\_\_\_ No \_\_\_\_

**References**

Please list Four (4) Personal/ Professional References:

Name	Title	Company	Phone	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Release and Applicant’s Signature**

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, criminal convictions, motor vehicle, credit and other reports. These reports will include information as to my character, work habits, performance, education, compensation and experience along with reasons for termination of employment from previous employers. Furthermore I understand that the company may be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I here by consent to obtaining any & all of the above information for Animal Hospital of Renton- DBA Animal Health Care Center, their agents or persons legally authorized to act on their behalf. This authorization and consent shall be valid in original, fax, email or copy form.

\_\_\_\_\_  
**Applicants Initials**

All hiring and employment at Animal Health Care Center is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Animal Health Care Center has no specific term and may be terminated by the employee of Animal Health Care Center with or without notice. I acknowledge that Animal Health Care Center has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Animal Health Care Center and fail to provide this evidence it will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Animal Health Care Center. I agree to release and hold harmless Animal Health Care Center form all liability with respect to the receipts of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or subsequent employment with Animal Health Care Center may be terminated.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date