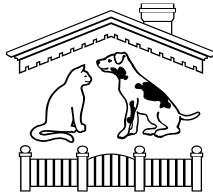


# Homestead



## ANIMAL HOSPITAL

442 County Route 76  
Mechanicville, New York 12118  
518-664-2122

### APPLICATION FOR EMPLOYMENT

<b>PERSONAL INFORMATION</b>			<b>DATE OF APPLICATION:</b> _____		
Name: _____					
Last		First		Middle	
Present Address: _____					
Street (Apt)		City/State		Zip	
Alternate Address: _____					
Street		City/State		Zip	
Contact Information: _____ (_____) _____			_____ (_____) _____		
Home Telephone			Mobile Telephone		
Email Address: _____					

<b>Are you a U.S. Citizen or a legal resident authorized to work in the U.S.?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If no, do you have an entry permit which allows you to work?</b>	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you ever used another name? Please list:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you at least 18 years of age?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How did you learn about our company? \_\_\_\_\_

<b>Education &amp; Training</b>						
Grammar & High School (Circle highest year completed)						
1 2 3 4 5 6 7 8 9 10 11 12						
Name & Location of High School: _____						
Do you have a GED or a High School Equivalency Diploma?						
<input type="checkbox"/> Yes <input type="checkbox"/> No Not Applicable						
Training Beyond High School:						
(College or University, Nursing, Business College, or other schools you have attended)						
Under credits earned, indicate "Q" for Quarter Hours and "S" for Semester Hours						
Name & Location of Institution						
Dates Attended						
Credits Earned						
Major/Field						
GPA						
Degree Conferred						
_____						
_____						

**CONVICTIONS** (for other than minor traffic violations) (Provide your birthdate. Your birthdate will be used for criminal background check only.)

Since your 17<sup>th</sup> birthday, have you ever been convicted of a felony, misdemeanor, or been convicted by military court martial offenses? (If Yes, complete Section A below)     Yes  No

As a juvenile, have you ever been waived into adult court and convicted of a felony or misdemeanor? (If yes, complete Section A below)     Yes  No

In the past five years, have you been convicted of or, are you now subject to a pending charge for (or paid a fine for) any of the following violations: Disorderly Conduct, Damage to Property, Trespass, Retail Theft, any offense involving Alcohol, Marijuana or Controlled Substance, Drug Paraphernalia, Criminal Traffic Offenses or Obstructing a Peace Officer? (If yes, complete Section A below).     Yes  No

**SECTION A:** Please list all convictions and all pending charges, including relevant dates. You may also attach additional pages if necessary.

Name	Date (mm/yr)	Court Location (City/State)	Conviction or Pending Charge	Disposition

**Work Experience:** Please provide a complete description. This information will be used to determine if your application is accepted. **BE SPECIFIC.** Start with your most recent job and attempt to include employment occurring over the past 10 years. **BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES.** For part-time work, list the average number of hours per month. Indicate any changes in job title under same employer as a separate position. Use additional pages if necessary to complete this section.

**Are you currently employed?** \_\_\_\_\_     Yes  No

May we communicate with your present employer?  Yes  No

May we communicate with your past employers?  Yes  No

Employer	Kind of Business	Street Address	
Your Title(s)	Reason for Leaving	City, State, Zip Code	
Your Duties		Name of Supervisor	
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
		Start Date:	End Date:
		Check One: <input type="checkbox"/> Monthly Salary <input type="checkbox"/> Hourly Salary Starting Pay \$ _____ Ending Pay \$ _____	

(Additional Employment History on Next Page)

Employer	Kind of Business	Street Address	
Your Title(s)	Reason for Leaving	City, State, Zip Code	
Your Duties		Name of Supervisor	
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
		Start Date:	End Date:
		Check One: <input type="checkbox"/> Monthly Salary <input type="checkbox"/> Hourly Salary Starting Pay \$ _____ Ending Pay \$ _____	

Employer	Kind of Business	Street Address	
Your Title(s)	Reason for Leaving	City, State, Zip Code	
Your Duties		Name of Supervisor	
		Total Time Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
		Start Date:	End Date:
		Check One: <input type="checkbox"/> Monthly Salary <input type="checkbox"/> Hourly Salary Starting Pay \$ _____ Ending Pay \$ _____	

**REFERENCES:**

Name	Address	Telephone	Relationship to You

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_