APPLICATION FOR EMPLOYMENT

Northrock Hospital for Animals

8338 East 29th Street North

Wichita, KS 67228

Northrock Hospital for Animals, is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Name				Date		
Last		F	irst	Date		Middle
Address						
Number	& Street	City		State	Zip	Code
Position Sought			Full	Time	_ Part	Time
Date Available	Sala	ary Desired		Phone Num	ber	
Social Security N	Tumber	Are yo	over 18	years old?	Yes	No
(If offered employn EDUCATION: Ple position you are see	nent, you will be ease indicate edu eking.	e required to pro	vide docume	entation to ver	ify eligibi	lity.)
(If offered employn EDUCATION: Ple position you are see High School: No. of	nent, you will be ease indicate edu eking.	e required to pro leation or trainin d (circle one) 1	vide docume	entation to ver	ify eligibi	lity.)
Are you legally (If offered employn EDUCATION: Ple position you are see High School: No. of Diploma: Yes School(s)	ease indicate educking. of Yrs Completed_No G.E.D.:	e required to pro lication or trainin d (circle one) 1YesNo	g which you	entation to ver	ify eligibi	lity.)
(If offered employn EDUCATION: Ple position you are see High School: No. of Diploma: Yes	ease indicate educking. of Yrs Completed No G.E.D.: cational School:	e required to pro dication or trainin d (circle one) 1YesNoCity/State _ e one) 1 2 3 4City/State _	g which you 2 3 4	entation to ver	ify eligibi	lity.)
EDUCATION: Ple position you are see High School: No. of Diploma: Yes School(s) College and/or Voo Number of Years Control(s)	ease indicate educking. of Yrs Completed No G.E.D.:	e required to pro dication or trainin d (circle one) 1YesNoCity/State _ e one) 1 2 3 4City/State _	g which you 2 3 4	entation to ver	ify eligibi	lity.)
College and/or Voc School(s) Major Other Training or School(s)	ease indicate educking. of Yrs Completed No G.E.D.:	e required to pro cation or trainin d (circle one) 1 Yes No City/State _ cone) 1 2 3 4 City/State _ Degrees Earned City/State _ City/State _ City/State _	g which you 2 3 4	entation to ver	ify eligibi	lity.)

PROFESSIONAL LICENSE OR MEMBERSHIP:						
Type of License(s)Held State of Kansas License Number						
License Expiration Date						
License Expiration DateOther Professional Memberships						
(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)						
This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.						
SKILLS: Office: Data Entry/ Excel or						
Typewriter wpm Lotus 1, 2, 3 CRT Other:						
Word-processing WordPerfect MSWord Other						
Other Software Skills						
Have you ever been employed in any facility of Northrock Hospital for Animals?YesNo						
RECORD OF CONVICTION:						
During the last ten years, have you ever been convicted of a crime other than minor traffic offense? Yes No						
If yes, explain:(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).						
EMPLOYMENT: List last employer first, including U.S. Military Service.						
May we contact your present employer? Yes No If any employment was under a different name, indicate name						
EmployerAddress						
TelephonePosition						
Dates of Employment: From To Mo/Yr Mo/Yr						

Salary Supervisor	Department	
Duties	FT PT No. of Hrs	-
Reason for Leaving		_
Employer	Address	
Telephone Posi	ion	
Dates of Employment: FromMo/Yr	To Mo/Yr	
Salary Supervisor	Department	_
Duties	FT PT No. of Hrs	-
Reason for Leaving		_
Employer	Address	
Telephone Posi	ion	
Dates of Employment: FromMo/Yr	To Mo/Yr	
Salary Supervisor	Department	_
Duties	FT PT No. of Hrs	-
Reason for Leaving		_
Employer	Address	
Telephone Posi	ion	
Dates of Employment: FromMo/Yr	To Mo/Yr	
Salary Supervisor	Department	_
Duties	FT PT No. of Hrs	-
Reason for Leaving		_
If you wish to describe additional v position on a separate piece of pape	vork experience, attach the above informa er.	tion for each
Explain any gaps in work history:		_
Have you ever been discharged or	asked to resign from a job?YesNo	
If yes, explain:		

REFERENCES:					
Professional	Personal				
Name	NameAddress				
Phone ()	Phone ()				
Name	Name				
Address	Address				
Phone ()	Phone ()				
I hereby certify that the facts set for and complete to the best of my kno Animals to verify their accuracy and performance. I hereby release North	TIFICATION AND AGREEMENT th in the above employment application are true wledge and authorize Northrock Hospital for to obtain reference information on my work hrock Hospital for Animals from any/all liability of any time, could result from obtaining and having such information.				
	fied statements of any kind or omissions of facts e considered sufficient basis for dismissal.				
I will fully adhere to the policies, rule Employer. However, I further unders of employment nor anything said du constitute the terms of an implied el employment offered is for an indefir	ment offer be extended to me and accepted that es and regulations of employment of the stand that neither the policies, rules, regulations uring the interview process shall be deemed to employment contract. I understand that any nite duration and at will and that either I or the syment at any time with or without notice or cause				
Signature of Applicant	Date:				