



Shaker Veterinary Hospital, P.C.

223 Maxwell Road
Latham, New York 12110

Tel: (518) 458-9669

Fax: (518) 453-6107

www.shakervet.com

Application For Employment

Personal Information

Last Name, First Name			
Present Street Address	City	State	Zip Code
Permanent Street Address	City	State	Zip Code
Phone No. ()	Referred by:		

Employment Desired

Position	Date you can start:	Salary Desired:
Are you Currently Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, may we inquire of your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you applied to Shaker Vet before? <input type="checkbox"/> YES <input type="checkbox"/> NO	When?	

Education History

Name & Location of School	Years attended?	Did you graduate?	Subjects Studied
Grammar School			
High School			
College			
Other School			

General Information

Please list any special training or skills:	
U.S. Military Service:	Rank:

Former Employers (List last 4 employers, starting with last one first)

Date: Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References List 3 persons not related to you, whom you have known for at least 1 year

Name	Address	Business	Years Known

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge & understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein & the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: _____

Signature: _____

Interviewed by: _____

Date: _____