



Laconia **PET** Center

Application for Employment

Date of Application: _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Last Name	First Name	Middle Name
Address		City
		State
		Zip
Telephone Number:		Do you get text messages?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

DAYS AND HOURS AVAILABLE

Check this box if available any time.

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

EDUCATION

	Name of School, City and State	Years Completed
High School		
Undergraduate College		
Other (Specify)		

ADDITIONAL INFORMATION

State any additional job-related skills and experience you feel may be helpful to us in considering your application.

EMPLOYMENT HISTORY

Start with your present or most recent job.

Dates Employed:		Employer:
From:	To:	Address:
Hourly Rate:		Telephone Number:
Starting: \$	Final: \$	Job Title:
Supervisor:		Reason for Leaving:
Work Performed:		

Dates Employed:		Employer:
From:	To:	Address:
Hourly Rate:		Telephone Number:
Starting: \$	Final: \$	Job Title:
Supervisor:		Reason for Leaving:
Work Performed:		

Dates Employed:		Employer:
From:	To:	Address:
Hourly Rate:		Telephone Number:
Starting: \$	Final: \$	Job Title:
Supervisor:		Reason for Leaving:
Work Performed:		

PERSONAL REFERENCES

(No relatives – please select people who can be objective about your work skills or capabilities. Coaches, teachers, pastors, etc. are good suggestions.)

Name	How do you know this person?	Telephone Number

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
 This application for employment shall be considered active for a period of time not to exceed 45 days.
 In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date