

JOB NUMBER 1				
NAME OF EMPLOYER		EMPLOYER'S PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER		
YOUR JOB TITLE		DUTIES (List all duties you performed.)	Beginning Salary	Ending Salary
FROM (MONTH - YEAR)	TO (MONTH-YEAR)			
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)			
Reason for leaving this position:				

JOB NUMBER 2				
NAME OF EMPLOYER		EMPLOYER'S PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER		
YOUR JOB TITLE		DUTIES (List all duties you performed.)	Beginning Salary	Ending Salary
FROM (MONTH - YEAR)	TO (MONTH-YEAR)			
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)			
Reason for leaving this position:				

JOB NUMBER 3				
NAME OF EMPLOYER		EMPLOYER'S PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER		
YOUR JOB TITLE		DUTIES (List all duties you performed.)	Beginning Salary	Ending Salary
FROM (MONTH - YEAR)	TO (MONTH-YEAR)			
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)			
Reason for leaving this position:				

CERTIFICATION AND SIGNATURE			
<p>I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.</p> <ul style="list-style-type: none"> • I certify that all statements contained herein are true and complete. • I understand that if hired, I must prove that I am legally authorized to work in the United States. • I authorize Fox River Animal Hospital to check employment references and verify education information provided on this employment application and as disclosed in the interview process. • I authorize Fox River Animal Hospital to check my driving record if the position for which I am applying requires driving. • I authorize Fox River Animal Hospital to run a credit history check and criminal history background check as a condition of employment. • I release Fox River Animal Hospital and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process. 			
Signature	Print	Date	/ /