Employment Application Kiel Veterinary Clinic

575 Belitz Drive Kiel, WI 53042 Phone: 920.894.3414 / Fax: 920.894.7815

Name								
	(Last)	(First	st)	(Middle)				
Current Address								
	(Street)		(City)	(State)	(Zip)			
Telephone								
	(Daytime)	(Evening)		(Cell)				
Email Address			Social Security Num	ber				
A 10	f							
Are you over 18 year	s of age? (The la	iw pronibits discrimina	ition against anyone at i	east 40 or more years old)				
Education and T	raining:							
Type of School	Name	City, State	Years Completed	Degree	ourse/Majo Subjects	or		
High School	Ivaliic	City, State	Tears Completed	Degree	Subjects			
College								
College								
Vocational/								
Technical Other Training								
Position You Are	e Annlying For							
Tosition Tou Til	e ripprying ron.							
Position Title:		Salary	Requirement:					
How did you learn of	this position?		When	n can you start?				
Are you seeking: Full	L-Time / Part -Time / T	emporary Employmen	ut? Hou	rs/Shifts Available:				
The you seeking. I un				is similar ivaliable.				
PLEASE READ AND COMPLETE CAREFULLY YES						NO		
, ,	1 Are you legally eligible for employment in the U.S.? 2 Have you ever been fired or asked to resign from any job? If yes, please list employer, date and reason below.							
Have you ever been refused bond from a bonding company?								
4 Is there any reason that you could not adequately perform the essential duties of the job for which you have applied? 5 Have you ever been excluded or debarred from practicing within a federal healthcare program? If yes, list term and								
5 Have you ever be reason for exclu		ed from practicing wit	hin a federal healthcare	program? If yes, list term and				
**	. 1 6	1 1 6 1 1	6 11 1 6 1		SS)			
Have you been convi- () yes () no	cted of any crime? (Inc.	lude any finding or ple	ea of guilt, deferral or no	o contest. Exclude minor traffic	offenses)			
		··· (G · · ··	211	C 1				
If yes, give all dates,	places, charges, and dis	sposition. (Conviction	will not necessarily bar	you from employment consider	ation).			
If answered Yes to ar	ny of the above, please of	explain:						
	= -							

Employment History: Complete Employer	Information, including contact n	numbers, will assist in timel	Position Ti	
Employer		rosition ritie		
Address		Responsibilities		
City, State Zip	D1 #	I and David Caller	D	The total
Name of Supervisor	Phone #	Last Base Salary	Reason for	Leaving
Employer			Position Ti	tle
Address		Responsibilities		
City, State Zip				
Name of Supervisor	Phone #	Last Base Salary	Reason for	Leaving
Employer			Position Title	
Address			Responsibilities	
City, State Zip				
Name of Supervisor	Phone #	Last Base Salary	Reason for	Leaving
M If no, Other names und	indicate which: ler which your former emp	loyers or educational in	nstitutions	would know you:
If no, Other names und	ler which your former emp	loyers or educational in	nstitutions	would know you:
If no,	ler which your former emp	loyers or educational in	nstitutions	would know you: Evening Phone
If no, Other names und	ler which your former emp	loyers or educational in	nstitutions	
If no, Other names und	ler which your former emp	loyers or educational in	nstitutions	
If no, Other names und	ler which your former emp	loyers or educational in	nstitutions	
PROFESSIONAL / WORK- REL Name PLEASE READ EACH STATEMEN I CERTIFY that all information from further consideration for employmen I UNDERSTAND that a consumer pre-employment investigation and at any trends to the context of a crime, further consideration for employment, I will I AUTHORIZE the investigation of any or employers and organizations from any legemployers, and their agents, employees, ar person or party, whether such information	ATED REFERENCES: Relationship T CAREFULLY BEFORE SIGNIN provided in this employment application t and may result in my immediate dismis report may be obtained for employment ime during my employment. I understand ther processing of this application or my , as a condition of employment, be requi all statements contained in this applicat all liability in making such statements. It and representatives and damages that may is favorable or unfavorable to me. PPLICATION OR SUBSEQUENT EMI MAY BE TERMINATED AT ANY TII	Daytime Phone Daytime Phone NG. It is true and complete. I understand saal if discovered at a later date. It purposes (including criminal, edd of that should this application or a employment, if hired, may be terrired to submit proof of my identity ion and also authorize any person, hereby fully waive any rights or clay directly or indirectly results from PLOYMENT DOES NOT CREA'MPLOYED, I UNDERSTAND TOTAL TOTAL CONTROL TO THE ACT OF	d that any false in ucation, and emp criminal record commated. and legal right to school, current aims I have or ment the use, disclosure the use, disclosure A CONTRACHAT I HAVE BI	Evening Phone formation or omission may disqualify me loyment background checks) as part of the check reveal a conviction, finding or plea of o work in the U.S. employer (except as previously noted), past ay have against all current and/or former are or release of any information by any CT OF EMPLOYMENT NOR EEN HIRED AT THE WILL OF THE
PROFESSIONAL / WORK- REL Name PLEASE READ EACH STATEMEN I CERTIFY that all information from further consideration for employmen I UNDERSTAND that a consumen pre-employment investigation and at any t guilt, deferral or no contest of a crime, furt If I am offered employment, I will I AUTHORIZE the investigation of any or employers and organizations from any lega employers, and their agents, employees, an person or party, whether such information I UNDERSTAND THAT THIS A GUARANTEE EMPLOYMENT FOR AN EMPLOYER AND MY EMPLOYMENT	ATED REFERENCES: Relationship T CAREFULLY BEFORE SIGNINg provided in this employment application to and may result in my immediate dismiss report may be obtained for employment immediate dismiss report may be obtained for employment. I understand their processing of this application or my, as a condition of employment, be required all statements contained in this applicate all liability in making such statements. I had representatives and damages that may is favorable or unfavorable to me. PPLICATION OR SUBSEQUENT EMICY DEFINITE PERIOD OF TIME. IF EMAY BE TERMINATED AT ANY TIMELF.	Daytime Phone Daytime Phone In is true and complete. I understand sall if discovered at a later date. It purposes (including criminal, edd of that should this application or a employment, if hired, may be terrired to submit proof of my identity ion and also authorize any person, hereby fully waive any rights or clay directly or indirectly results from PLOYMENT DOES NOT CREAT MPLOYED, I UNDERSTAND TIME WITH OR WITHOUT CAUSTAND TIME WITH OR WITHOUT CAUSTAND	d that any false in ucation, and emp criminal record of minated. and legal right to school, current of aims I have or m the use, disclosure TE A CONTRAC HAT I HAVE BI SE AND WITH C	Evening Phone formation or omission may disqualify me loyment background checks) as part of the check reveal a conviction, finding or plea of o work in the U.S. employer (except as previously noted), past ay have against all current and/or former are or release of any information by any CT OF EMPLOYMENT NOR EEN HIRED AT THE WILL OF THE

List other qualifications and skills (e.g. languages, typing, office machines, etc.). Please list job related organizations, clubs, professional societies, or other associations to which you belong (you may omit those of which may indicate your race, color, religion, sexual

orientation, national origin, gender, age, veteran status, marital status or disability).