

# EMPLOYMENT APPLICATION

THIS APPLICATION IS VALID FOR 45 DAYS. YOU MUST COMPLETE A NEW APPLICATION TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT DATE.

An Equal Opportunity Employer

Date: \_\_\_\_\_

*Nail Daniels*  
*Animal Clinic*

Name		Last		Middle		First		Nickname		Home Phone	
Address		Street		City		State		zip		Work/Cell Phone	
Social Security #		Print Your Name as it Appears on Your Social Security Card									
Are You Over 18?		Yes		No		Date of Birth:		Have You Worked for Nail Daniels before?		If so, when?	
How Did You Hear About Us?											
Notify in Emergency: Name _____ Address _____ Phone _____											
A conviction record will not necessarily be a bar to employment. Other factors such as age at the time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.											
Have You Ever Been Convicted of a Felony?		Yes		No		If Yes, Date and Nature of Offense		I HEREBY GIVE MY PERMISSION TO CONDUCT A COURT RECORDS CHECK. _____ (Initials)			
TELL US ABOUT YOUR EDUCATION											
HIGH SCHOOL		NAME AND ADDRESS		MAJOR		DEGREE		I HEREBY GIVE MY PERMISSION TO CHECK MY RECORDS AT THE SCHOOLS LISTED ABOVE. _____ (Initials)			
SCHOOL											
COLLEGE											
OTHER											
TELL US ABOUT YOUR MILITARY EXPERIENCE (This Section is Optional)											
A Dishonorable or General Discharge is not an absolute bar to employment. Other factors will be considered.											
Have You Ever Been a Member of the United States Armed Services?		Yes		No		Branch?		Rank and Duties		Dates of Service From To	
I HEREBY GIVE PERMISSION TO CHECK MY MILITARY RECORD. _____ (Initials)											
WHAT TYPE OF WORK INTERESTS YOU?											
Type of Work Desired:		Full-time		Part-time		Temporary		Date Available		Wage/Salary Requirements \$	
Position Applying for:											
Hours Available For Work:		Monday		Tuesday		Wednesday		Thursday		Friday	
		Saturday		Sunday							





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

**I authorize investigation of all statements contained herein and the references and employers listed in the preceding pages 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 agree to all background checks; as well as urine substance abuse testing, if deemed necessary.**

**I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for a specific time period or to make authorized company representative."**

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Print Name \_\_\_\_\_