





**CORNERSTONE ANIMAL HOSPITAL**  
10569 Lem Turner Road, Jacksonville, FL 32218

**APPLICATION FOR EMPLOYMENT**

**-Over-**

Subject of special study or research work: \_\_\_\_\_

U.S. Military: \_\_\_\_\_ Rank: \_\_\_\_\_ Active/Non-Active \_\_\_\_\_

**Previous Employment:**

List the last three (3) previous employers (most recent first):

<b>Date (Month &amp; Year)</b>	<b>Name / Address / Phone Number of Employer</b>	<b>Salary</b>	<b>Position</b>	<b>Reason for leaving</b>
From:				
To:				
From:				
To:				
From:				
To:				

**Physical Record:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered?  Yes  No

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

Please describe: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Name

Relationship

Address

Phone number

"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 statement contained herein and the references 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 all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may regardless of date of payment of my wages and salary, be terminated at any time without any prior notice."

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



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*This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.*