



**CORNERSTONE ANIMAL HOSPITAL**  
10569 Lem Turner Road, Jacksonville, FL 32218  
(904) 766-3089      www.cornerstoneanimalhospital.com

**APPLICATION FOR EMPLOYMENT**

**Personal Information:**

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

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_  
*Last First Middle*

Present Address: \_\_\_\_\_  
*Street City State Zip*

Home Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Other Number: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you 18 years or older?  Yes  No

What **foreign** languages do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

Have you been convicted of a felony or misdemeanor within the last 5 years? \_\_\_\_\_

If so please describe: \_\_\_\_\_

\*The Age Discrimination Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are > 40 but < 70 years of age

\*You will not be denied employment solely because of a conviction record.

Employment Desired:  Receptionist  Receptionist Assistant  Technician  Kennel Attendant  Groomer

Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Are you employed now? \_\_\_\_\_

If so may we inquire of your present employer? \_\_\_\_\_ Number of employment to contact: \_\_\_\_\_

Have you ever applied to this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

<b>EDUCATION</b>	<b>School Name and location</b>	<b>Number of years attended</b>	<b>Did you graduate?</b>	<b>Subjects studied</b>
<b>High School</b>				
<b>College</b>				
<b>Trade Business School</b>				

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

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

## CORNERSTONE ANIMAL HOSPITAL

-Over-

### 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:				

### References:

Give the names of three (3) persons not related to you: whom you have known at least one (1) year:

<b>Name</b>	<b>Phone Number</b>	<b>Business</b>	<b>Years Acquainted</b>

### 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: \_\_\_\_\_