## FOX VALLEY VETERINARY SERVICE AND CLINIC, LTD

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231 South Millgate Drive Burlington, WI 53105

Telephone: (262) 524-6000 foxvalleyvetservice.com



## Application for Employment

Please print clearly and answer all questions.

NOTICE: Applicant should read the following information carefully before filling out any of the questions in this form. Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. It is also illegal to discriminate in the employment of persons because of their age if over 40 but less than 65 years of age.

Date:					
Name:	Last	First		Middle	
	Last	FIISt		Middle	
Present Address:					
	Street		City	State	Zip
Telephone:			E-mail:		
Position Applied	For:				
		□Part-time	•	Salary Desired:	
Are you 16 years	of age or older?	□Yes □No	Date o	f Rirth	
Are you to years	of age of older:		Date o	f Birth:Optional	
What days and h	ours are you avai	lable for work?			
Do you have exp	erience using:	Calculator?	Computer?□		
-	-	nout assistance?			
reasonable acco	mmodations? 🗆 Ye	es □No	•	ou are applying for, either he functions that cannot be	
•		•	•	ecially fit you for work he	•
=		ons that you may	•	ı feel would be pertinent t	o this
hobbies, special	interests, awards	_	d leadership expe	nsideration of your applica riences in organizations an	-

Personal References (not former employers or relatives)- I	List three (3)	D	h	
Name and Occupation Address			hone number	
1 2				
3				
Education				
Name of School		D	egree Awarde	Ч
(High School)				<b>-</b>
(College/University)				
(Business/Trade)				
(Other)				
Work History (begin with the most recent, list all past emp	ployers, including any p	ertinent n	nilitary experie	ence)
Name of Company	Phone Number			
Business Address	City		State_	
Business Address	Starting Date	/	 Leaving Date	/
	Me	onth Year	- J	Month Year
Name of Last Supervisor				
Salary at Start of employment	Salary at End of er	nploymen		
Still employed or reason for leaving			<del></del>	
Name of Company	Phone N	umbor		
Name of Company	Phone N	umber		
Business Address Job Title	City		State	
Title	Starting Date		Year	
Year		WOITH	Teal	WIOTILIT
Name of Last Supervisor				
Salary at Start of employment		nnlovmen	+	
Still employed or reason for leaving				
contemployed of reason for leaving				
Name of Company				
Business Address				
Job Title	Starting Date			
		Month	Year	Month
Year				
Name of Last Supervisor				
Salary at Start of employment				
Still employed or reason for leaving				
Name of Company	Phone N	umber		
Business Address	riione Number			
Business Address	Starting Date	/	Leaving Date	
· · · · · · · · · · · · · · · · · · ·	5.0	Month	Year	/ Month
Year		·		
Name of Last Supervisor				
Salary at Start of employment	Salary at End of er	nploymen	t	
Still employed or reason for leaving		,		

Have you ever been suspended, dismissed or asked to resign from any previous job?     Yes   No								
Have you ever lost time from work because of an accident? □Yes □No  If yes, please explain								
Have you every collected Workman's Compensation Benefits? □Yes □No								
Are you willing to take a physical examination at our expense? □Yes □No								
Have you every applied to this company before? □Yes □No								
May we contact your present employer? □Yes □No								
In case of emergency notify:								
Name Address F	hone							
<ol> <li>I authorize investigation of all statements contained in this application.</li> <li>I understand that misrepresentation or omission of facts called for is cause for dismissal and that nemployment is substantially dependent on truthful answers to the foregoing inquires.</li> <li>I have read these statements and answers to this inquire.</li> </ol>	ny							
Signature: Date:								