



# Heineke Veterinary Hospital

## Employment Application

U.S. 27 & Orlando Drive  
Alexandria, KY 41001  
(859) 635-3783

### CONTACT DATA

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street address City State ZIP

**How long have you lived at this address?** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Contact Information** ( ) - \_\_\_\_\_ **Circle:** Home : Work : Mobile : Other \_\_\_\_\_  
Primary phone number Best time to reach you

( ) - \_\_\_\_\_ **Circle:** Home : Work : Mobile : Other \_\_\_\_\_  
Secondary phone number

### JOB INTERESTS

**In what type of work are you interested?** \_\_\_\_\_

**Do you prefer full or part-time?**  Full  Part time **Availability:** **AM**       **PM**       **Date you are available to start:** \_\_\_\_\_

**Expected earnings:** \$ \_\_\_\_\_ /week **Ideal # hours:** \_\_\_\_\_ /week **Mon** **Tues** **Wed** **Thurs** **Fri** **Sat**

**Have you had friends or relatives work for us?**  Yes  No **If so, whom?** \_\_\_\_\_

**Have you worked with us before?**  Yes  No **How were you referred?** \_\_\_\_\_

### PERSONAL DATA

**Do you have a legal right to work in the U.S.?**  Yes  No **Enter alien registration number (if applicable):** \_\_\_\_\_

**Are you age 16 or over?**  Yes  No

**Have you ever been convicted of a felony, or during the past five years have you been convicted of any crime?**  Yes  No  
If yes, describe the nature of crime, date, place of conviction, and disposition of crime. \_\_\_\_\_

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**Emergency Contact Information:** \_\_\_\_\_  
Name Relationship to you Phone number

\_\_\_\_\_ Street address City State ZIP

### EDUCATIONAL HISTORY

	Name of school	Location (City and State)	Major	Circle # years completed	Degree earned	GPA
High School				9 10 11 12		
College				1 2 3 4 5+		
Other				1 2 3 4 5+		

### EMPLOYMENT HISTORY

**PLEASE READ CAREFULLY BEFORE FILLING OUT:** Begin with present or most recent employer and list all jobs you have held for at least the past five years. Include summer and part-time jobs.

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_  
Street address City State ZIP Start (mm/yy) End (mm/yy)

**Immediate Supervisor:** \_\_\_\_\_ **Work salary:** \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Name Phone number Starting Present/final

**Job responsibilities:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_  
Start (mm/yy) End (mm/yy)

\_\_\_\_\_  
Street address City State ZIP

**Immediate Supervisor:** \_\_\_\_\_ ( ) - \_\_\_\_\_ **Work salary:** \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Name Phone number Starting Present/final

**Job responsibilities:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_  
Start (mm/yy) End (mm/yy)

\_\_\_\_\_  
Street address City State ZIP

**Immediate Supervisor:** \_\_\_\_\_ ( ) - \_\_\_\_\_ **Work salary:** \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Name Phone number Starting Present/final

**Job responsibilities:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_  
Start (mm/yy) End (mm/yy)

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Street address City State ZIP

**Immediate Supervisor:** \_\_\_\_\_ ( ) - \_\_\_\_\_ **Work salary:** \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Name Phone number Starting Present/final

**Job responsibilities:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_  
Start (mm/yy) End (mm/yy)

\_\_\_\_\_  
Street address City State ZIP

**Immediate Supervisor:** \_\_\_\_\_ ( ) - \_\_\_\_\_ **Work salary:** \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Name Phone number Starting Present/final

**Job responsibilities:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

May we contact the employers listed above?  Yes  No

If no, list which one(s) you do not wish us to contact. \_\_\_\_\_

**REFERENCES**

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Relationship / Business	Years known

**AUTHORIZATION**

"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 above 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 also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

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