

HAMILTON ANIMAL CARE  
6110 HAMILTON BOULEVARD  
WESCOSVILLE, PA 18106  
(610) 395-0707

**APPLICATION FOR EMPLOYMENT  
RECEPTIONIST**

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

SOCIAL SECURITY  
NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DATE OF BIRTH (VOLUNTARY) \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	YEAR OF GRADUATION	SUBJECTS STUDIED
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HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

TRADE OR BUSINESS \_\_\_\_\_

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)**

DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE
1 _____		
2 _____		
3 _____		

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, PLEASE DESCRIBE \_\_\_\_\_

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IN CASE OF EMERGENCY NOTIFY	NAME	ADDRESS	PHONE NO.
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“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 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 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 THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.”

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

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HIRED: YES \_\_\_ NO \_\_\_ POSITION \_\_\_\_\_ SALARY/WAGE \_\_\_\_\_ START DATE \_\_\_\_\_