



## Employment Application

**Animal Medical Center**  
**510 East 62<sup>nd</sup> Street**  
**New York, NY 10065**  
**(212) 838-8100**

Date \_\_\_\_\_ Position Applied For \_\_\_\_\_

Name \_\_\_\_\_  
*Last*
*First*
*MI*

Address \_\_\_\_\_  
*No.*
*Street*
*City*
*State*
*Zip*

Phone Number \_\_\_\_\_ Secondary Phone No. \_\_\_\_\_  
*Circle (Landline, Cell Phone)*
*Circle (Landline, Cell Phone)*

Email \_\_\_\_\_ Have you ever worked here before? \_\_\_\_\_

How did you learn about the position? \_\_\_\_\_ Min. Salary Required \_\_\_\_\_

Do you have a legal right to work in the U.S.? **YES NO**      Are you able to work overtime? **YES NO**

Are you 18 years old or over? **YES NO**      Are you fluent in any foreign language? \_\_\_\_\_

Have you ever been in the US Military? **YES NO**      Date \_\_\_\_\_      Branch \_\_\_\_\_

### EDUCATION

	Name of School	City, State	Degree/Certificate/Credits Earned
<b>High School</b>			
<b>College/University</b>			
<b>Graduate School</b>			
<b>Trade School/Other</b>			

## EMPLOYMENT HISTORY

Please complete all sections with all previous employment, starting with your most recent position

Date Worked	Employer's Name/Address/Telephone	Position/Duties/Supervisor	Reasons for Leaving
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			

Have you ever been known by another name? \_\_\_\_\_

Names of any relatives or friends employed by the AMC \_\_\_\_\_

Is there anything else you would like us to know about you?

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### APPLICANT AFFIDAVIT

I certify that the information contained in this application is correct to the best of my knowledge. I authorize investigation of all matters contained in this application, and authorize all parties named in this application to release information to the Animal Medical Center. I further agree that any misleading or false statements would be cause for rejection of this application or would be sufficient cause for termination. I understand that any offer of employment with the Animal Medical Center is contingent upon the investigation of this application, including a reference check, and satisfactory completion of the orientation period of employment.

I understand that this application is not intended to be a contract of employment. I further understand that my employment may be terminated at will by the Animal Medical Center at any time, for any reason not prohibited by law, and that no Animal Medical Center official has the authority to enter into a contractual oral agreement.

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

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_