



Schwarzman
Animal Medical Center
SINCE 1910

Employment Application

Schwarzman Animal Medical Center
510 East 62nd 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
High School			
College/University			
Graduate School			
Trade School/Other			

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?

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 _____