

LANCOVA PARTNERS FOR PETS

dba/ Northern Neck Partners for Pets

Application for Employment

Position You Are Applying For _____
Date Available for Work: _____

Desired Salary _____

PERSONAL INFORMATION

Last Name		First Name		Middle	
Address		City		State	Zip
Home Phone:		Cell Phone:		Email address:	
Social Security Number:					
If hired, can you present proof of your legal right to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain: _____					
If selected for employment, are you willing to submit to a pre-employment drug screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: _____

EMPLOYMENT

Employer:	Dates Employed:
Work Phone:	Pay Rate: \$ _____ to _____
Address:	
City:	State: Zip:
Position:	
Duties Performed:	
Supervisor's Name and Title:	
Reason for leaving:	
May we contact them?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Dates Employed:
Work Phone:	Pay Rate: \$ _____ to _____
Address:	
City:	State: Zip:
Position:	
Duties Performed:	
Supervisor's Name and Title:	
Reason for leaving:	
May we contact them?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer: _____		Dates Employed: _____	
Work Phone: _____	Pay Rate: \$ _____	to _____	
Address: _____		_____	
City: _____	State: _____	Zip: _____	
Position: _____			
Duties Performed: _____			
Supervisor's Name and Title: _____			
Reason for leaving: _____			
May we contact them?		[] Yes [] No	

REFERENCES			
Name	Title	Company	Phone

☐

I certify that all answers given herein are true and complete to the best of my knowledge.

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I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date