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## **APPLICATION FOR EMPLOYMENT**

Name:					Phone No.: ()
(last)		(first)	(m	iddle initial)	
Present Address:					Social Security No.:
	(number and street)				Email
	(city)		(state)	(zip code)	_ Email:
Citizen of U.S.A	A.? YES	NO		Are you 18	3 years of age or older? YES NO
presently forma military convict	lly charged v ions, except	with committing an	ny criminal nartial.)	offense? (Do YES	a the past 2 years, of any misdemeanor, or are you not include any traffic violations, juvenile offenses, or NO
					etamines, or barbiturates, other than those prescribed to
	**				DRT ANIMAL HOSPITAL, INC. ID ALCOHOL TESTING. ***
Position applied	l for:				
Desired salary r	ange (DO N	OT LEAVE BLAI	NK)		
Have you ever a	applied to Ne	ewport Animal Ho	spital, Inc.	before?	YES NO
Would you wor	k Full or Par	t Time?			
List hours you v	would be abl	e to work:			
List any friends	or relatives	working for us:			
Are there any ex	xperiences, s	kills or other quali	fications w	hich you feel	would apply to your working here?
Drivers License	e No:		State:		(For background check purposes only)
Applicant Signa	ature:				Date: