APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION	Date	Social Security Number		Last	
Name					
Present Address	First	Middle			
° Street	·	City	State	Zip	
Permanent Address Street		City	State	Zip	
Phone No.					
Referred By Are you 18 years of age or older? ☐ Yes ☐ No					
				First	
EMPLOYMENT DESIRED					
Position		ate You an Start	Salary Desired		
Are You Employed Now? ☐ Yes ☐ No	lf : of	So, May We Inquire Your Present Employe	r? 🗌 Yes 🔲 No	Mic	
Have you applied to AMHS before?	□ No		When?	Middle	
What made you decide to apply for our Veterinary Te	echnician position?				
What made you decide to apply for our vetoritary re					
What experience do you have working in a high volum	e spay and neuter clinic?				
What experience do you have working with shelter ani	mals?				
What do you know about Arnell Memorial Humane S	ociety?				

hat skills make you a g	ood candidate for employme	ent at AMHS?			
ersonal interests/hobbi	es/activities?				
ducation:					
	HIPTOCH STATE OF THE STATE OF T				141111111111111111111111111111111111111
red, what days and ho	urs are you available?				
DRMER EMPLO Date Month and Year	OYERS List below your Name and Addres		arting with the most re Salary (upon leaving)	cent one first Position	Reason for Leaving
Date Month and Year					Reason for Leaving
Date Month and Year			Salary (upon		Reason for Leaving
Date Month and Year om			Salary (upon		Reason for Leaving
Date Month and Year om			Salary (upon		Reason for Leaving
Date Month and Year om			Salary (upon		Reason for Leaving
Date Month and Year om			Salary (upon		Reason for Leaving
Date Month and Year om			Salary (upon		Reason for Leaving
Date Month and Year om om om om om om om om			Salary (upon		Reason for Leaving
and Year rom rom rom rom rom rom rom r		s of Employer	Salary (upon leaving)		Reason for Leaving
Date Month and Year com	Name and Addres	s of Employer	Salary (upon leaving)		Reason for Leaving Years Acquaintec
Date Month and Year om	Name and Addres	s of Employer	Salary (upon leaving)	Position	Years

3		
4		

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure, In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if i am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.



Signature/Date

Please submit your completed application along with a copy of your current resume to:

Arnell Memorial Humane Society 185 Griffin Street E Amery WI 54001

Or email to: amhspets@amerytel.net