CANDIDATE INFORMATION FORM

		PERSON/	AL INFORMA	TION (Ple	ase Print)		_		
Your Name:La		First				Telephone	∋ No. ()		
Your Address:	Address:			uddle					
Are you legally auth					at least 18 y	rears of age?	Y 🗆 Yes 🗆 No	 If no, age	
Have you ever been		r attendance prop							
14/hot problem are to		- 20 - 10 - 0	APPLYING						
What position are you ☐ Other (please sp	pecify):		icialist / Rece	ptionist	□ Technici	ian □ Pe	et Care Attenda	nt	
How did you hear ab			Referred by			□ Walk in	□ Online		
□ Other	· .					0	U 9		
How many hours are									
Hours Available From	Mon	Tue	Wed	Th	าน	Fri	Sat	Sun	
To			 	+-					
					<u></u>				
			QUALIFICA					-	
Are you employed no							oyer? 🗆 Yes	□ No	
From - To		ORMER EMPLOY						<u> </u>	
(mo./yr)	Employer Nam	Employer Name, City, State			hone Position		Reason for Leaving		
					<u> </u>				
	EDUCATION - I	List name and lo	cation of sci	nool, years	complete	d, degree re	ceived		
College/University									
High School			<u>.</u>				<u> </u>		
Other									
		SPECIAL SI	KILLS OR TR	RAINING - I	Describe				
VetCor does not discrimina			, sex, national ori	gin, age, disab	pility, marital st	atus, sexual orie	entation, veteran sta	tus, or status in any	
other group protected by fe I certify that the answers p give information relative to transmission of reference a that if employed, I can be to	provided above are true a possible future employn material. I understand the	and correct and without ment. I agree to releas hat falsification of any	se said persons, i material informat	institutions, an	nd VetCor from plication may t	n all liability In re be cause for im:	egard to the final ou mediate termination	tcome(s) due to the	
Applicant Signature					— De	//_ ate			
Location:	Interviewed by:					Date:			
Notes:	Previous employment verified b						Date:		