Cat Sense Feline Hospital and Boarding, Inc. 332 S. Main Street Bel Air, Maryland 21014 (410)420-0535

## **Application for Employment**

Cat Sense Feline Hospital and Boarding, Inc. an equal opportunity employer, dedicated to a policy of non-discrimination in employment on the basis of race, religion, color, sex, national origin, age, marital status, citizenship, veterans' status, physical or mental disability that does not prohibit performance of essential job functions or any other basis protected by federal or applicable state or local law.

Name	
(Last) (First)	(Middle)
Social Security No.	
Street Address	Home Phone ()
City/State/Zip	Business Phone ()
Are you at least 18 years of age?yesn Are you lawfully permitted to work in the United States? citizenship or other right to work in the United States is r	yes no (Note: Proof of
List any other names you have used to assist us in checki	ing your references and background:
11 1: 16 1 1 1 6 0	
How were you referred to this office?	
How were you referred to this office?  Have you ever served in the Armed Forces of the United	States? yes no
Have you ever applied for employment here before?  How were you referred to this office?  Have you ever served in the Armed Forces of the United If yes, indicate which service	States?yesno Pate & Type of Discharge
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## **EDUCATION**:

Type of School	Name of School and Address	Courses majored in	Last year completed	Graduate? Degrees received
High School			1 2 3 4	Yes/No
College			1 2 3 4	Yes/No Degree
Post Graduate			1 2 3 4	Yes/No Degree
Technical and Other			1 2 3 4	Yes/No Degree/Cert.

Please describe any applicable cat experience (such as handling and medicating):

### **ATTACHMENT**

**EMPLOYMENT HISTORY** (List most recent employment first and work back in time) Address Dates of Employment (month/year) From to \_\_\_\_\_\_ Job Title and description of duties \_\_\_\_ Phone ( ) Employer Address Dates of Employment (month/year) From \_\_\_\_\_\_ to \_\_\_\_\_ Job Title and description of duties # of persons supervised \_\_\_\_\_ 

Dates of Employment (month/year) From \_\_\_\_\_\_to \_\_\_\_\_

Hours worked per week Salary (current or final)

Supervisor Reason for leaving

Job Title and description of duties

# of persons supervised \_\_\_\_\_

Phone (\_\_\_\_)

REFERENCES:
Please list three (3) references other than your former employers or relatives.

	TITLE	FIRM & ADDRESS	TELEPHONE	RELATIONSHIP TO YOU
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recognized by the emple Hospital and Boarding are to be construed as in change or deletion at an SIGNATURE  POTENTIAL HOLID This job requires that y Year's Day, Easter, Men Yom Kippur.  It is an essential qualificand do heavy lifting. Tinclude but may not be	oyer unless reaction for all limited to are also limited to are	reason or no reason, and that made in writing and signed between recognize that no employ binding obligations on the or without notice to me.  RESPONSIBILITIES AND a some of the following majure for the following majure f	t no agreement to the by Dr. Sinclair of Cat yee practices or policemployer and that the DATE  DATE  DATE  DATE  DATE  Or holidays: New Ye ving, Christmas, Rose be able to stand for lottions associated with chemicals, animals for	Exense Feline ies of the empl ey are subject to  AZARDS ar's Eve, New th Hashanah, are ong periods of the the work, while the work, while the contrary will to the work, while the contrary will to the work, while the work and radiat
Hospital and Boarding are to be construed as in change or deletion at ar SIGNATURE  POTENTIAL HOLID This job requires that y Year's Day, Easter, Men Yom Kippur.  It is an essential qualificand do heavy lifting. Tinclude but may not be	oyer unless reaction for all limited to are also limited to are	reason or no reason, and that made in writing and signed between recognize that no employ binding obligations on the cor without notice to me.  RESPONSIBILITIES AND Some of the following majury 4, Labor Day, Thanksging in our office that you be potentially hazardous situations.	t no agreement to the by Dr. Sinclair of Cat yee practices or policemployer and that the DATE  DATE  DATE  DATE  DATE  Or holidays: New Ye ving, Christmas, Rose be able to stand for lottions associated with chemicals, animals for	Exense Feline ies of the employ are subject to  AZARDS ar's Eve, New th Hashanah, and ong periods of the work, which exerces and radiations.

# RELEASE PERMITTING THE DISCLOSURE OF INFORMATION

# PLEASE READ BEFORE SIGNING

I hereby authorize Cat Sense Fetine Hospital and Boarding, Inc. or its authorized employees or agents to seek information from school officials, previous employers and other persons, firms or institutions listed on this application. I further authorize the persons, firms or institutions contacted to release to Cat Sense Feline Hospital and Boarding, Inc. or its authorized employees or agents all information in their knowledge or possession pertaining to my employment or educational history or my qualifications and ability to work for this employer, including but not limited to information and options pertaining to the nature of my former jobs and job duties, how I performed those duties, my salary history, my attendance record, my character, my academic record, and any performance, behavior, attitude, or other problems or good points perceived by them. Further, I authorize Cat Sense Feline Hospital and Boarding, Inc. or its authorized employees or agents to seek from any law enforcement agencies having information concerning me, any information maintained on me, other than records relating solely to charges that have been expunged. I also authorize any law enforcement agencies to release such information to Cat Sense Feline Hospital and Boarding, Inc. or its authorized employees or agents. I release, hold harmless, and covenant not to sue any persons, firms, institutions, or other entities providing any information covered by this Release on the basis of their disclosures.

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SIGNATURE	DATE
PLEASE READ BEFORE SIGNING	
UNDER MARYLAND LAW, AN EMPLOYER CONDITION OF EMPLOYMENT, PROSPECTEMPLOYMENT, THAT AN INDIVIDIUAL SUSIMILAR TEST. AN EMPLOYER WHO VIOLENISDEMEANOR AND SUBJECT TO A FINE	BMIT TO OR TAKE A LIE DETECTOR OR
	DATE
SIGNATURE	
SIGNATURE  PLEASE READ BEFORE SIGNING  I hereby affirm that my statements and answers to a and that I have not knowingly withheld any fact or application unfavorably. I understand that if emplo application may result in my immediate dismissal.	DATE  Il questions on this application are true and corre