



**REFERENCES:** List two people, other than relatives or former employers, whom you have known for at least five years.

Name \_\_\_\_\_  
Address & Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address & Phone \_\_\_\_\_

How were you referred?  Ad  Employee  Other \_\_\_\_\_

Summarize your special skills or qualifications: \_\_\_\_\_  
\_\_\_\_\_

I certify that the information contained in this application is correct to the best of my knowledge. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I acknowledge that in connection with my application for employment with AMC, that a consumer report may be made as to my character, general reputation, mode of living and personal characteristics. I hereby authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my background, and release the same from any liability resulting from providing such information. I also acknowledge that AMC may be required to submit certain information with regard to my employment or application thereof to various local, state and federal government agencies. I hereby authorize AMC to provide such information and release the Corporation and its agents from any liability resulting from submitting such information.

In consideration for my employment, I agree to abide by the rules and regulations of Animal Medical Center of Cascades. I understand that the rules may be changed, withdrawn, added or interpreted at any time, at the corporation's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the corporation or myself.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Interview Granted? Y / N  
Applicant Informed? Y / N

Interview Date & Time \_\_\_\_\_  
Date & Initials \_\_\_\_\_