

In order for this application to be considered, you must account for all time during the past ten years or since leaving school, whichever period is shorter.

Employment Record

List your most recent employers. If currently employed, may we contact your present employer? Yes No

Name of Present or Last Employer	Address	City & State	Zip	Phone
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Kind of Business Supervisor's Name	Date Started	Starting Position	Reason for Leaving
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Final Position	Starting Pay Rate	Final Pay Rate	Date Left

OK to Contact
 Yes No

Previous Employer	Address	City & State	Zip	Phone
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Kind of Business Supervisor's Name	Date Started	Starting Position	Reason for Leaving
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Final Position	Starting Pay Rate	Final Pay Rate	Date Left

OK to Contact
 Yes No

Previous Employer	Address	City & State	Zip	Phone
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Kind of Business Supervisor's Name	Date Started	Starting Position	Reason for Leaving
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Final Position	Starting Pay Rate	Final Pay Rate	Date Left
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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 from time to time, Indian Tree Animal Hospital and Pet Lodge may be required to submit certain information with regard to my employment or application to various local, state, and federal government agencies. I hereby authorize Indian Tree Animal Hospital and Pet Lodge, to provide such information and release the Corporation, its agents, assigns and subsidiaries from any liability resulting from submitting such information.

I also acknowledge that I have been informed that veterinary hospitals use X-ray equipment and chemical substances that may cause injury to a fetus.

I understand that employment by Indian Tree Animal Hospital and Pet Lodge may be terminated with or without cause at anytime by either myself or the company.

I hereby certify that all statements and answers set forth on this application form are complete and true, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment.

Signature

Date