



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, national origin, color, age, veteran status or disability.

We are a non-smoking facility indoors and outdoors.

It is our intention that all qualified applicants be given equal opportunity and that selection decisions based on job-related factors.

Personal

Social Security No. _____ Date _____

Name _____ Email _____

Present address _____ Telephone _____

Position applied for _____ Rate of pay expected \$ _____ per _____

Would you work _____ Full-Time _____ Part Time Specify days and hours if part time _____

Were you previously employed by this organization? _____ If yes, when? _____

List any friends or relatives working here, other than spouse _____

If your application is considered favorably, on what date will you be available for work? _____ 20 _____

For what length of time are you seeking employment? _____

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here? Please add additional comments you think are important to consider _____

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

For jobs with minimum age requirements:

Are you 18 years of age or older? yes no

For driving jobs only: Do you have a valid driver's license? yes no

Driver's license number _____ Class of license _____

Have you had your driver's license revoked or suspended in the last 3 years? yes no

If hired, can you furnish proof you are eligible to work in the United States? yes no

Have you ever been convicted of a felony? yes no

A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you applying will be considered.

If yes, please explain _____

Have you previously applied here?

If yes, when? _____

Have you worked for any firm under a different name? _____

If yes, give name _____

Personal References *(not former employers or relatives)*

Name & occupation	Address	Phone number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Membership in Professional or Civic Organization *(do not include racial, religious, or nationality groups)*

Name or description of organization	Active from ---to	Offices held
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Education Record

Name of school	Degree awarded	grade average	Honors
High School _____	_____	_____	_____
College or University _____	_____	_____	_____
Business, trade, correspondence or night school _____	_____	_____	_____
Other _____	_____	_____	_____

Do you type? yes no manual machines _____ WPM Electric machines _____ WPM

Office machines and computers you know how to operate _____

Work History *(begin with most recent, list all past employers, including any pertinent military experience)*

Company	Business address	City	State	Phone	Name of
Type of Business	Immediate supervisor	Date employed	From -----	To	
Exact job title	Earnings at hire	At termination	Reason for termination		
Description of duties					

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Disclosure of Working Conditions

Animal Hospital is a small animal veterinary practice. In the course of your employment you can expect to encounter events that could be considered psychologically uncomfortable or physically challenging. We feel it is important to communicate these possibilities of these events before you begin work since this may affect your performance here at the hospital.

- 1) Lifting 40 – 50#.
- 2) Restraining unruly dogs or cats of any size.
- 3) Working after hours if needed for proper patient care.
- 4) Distressed, grieving and/or angry clients.
- 5) Unruly and/or aggressive animals.
- 6) Severely injured animals.

- 7) Dead animals.
- 8) Pain and distress of animals.
- 9) Feces, urine, blood, pus, other fluids, and detached body parts of animals.
- 10) Foul odors.
- 11) Drugs, chemicals and x-rays potentially harmful to pregnancy or respiratory conditions (asthma, etc).
- 12) Cold / hot temperatures.
- 13) Exposure to weather conditions while doing outdoor tasks.
- 14) Routine veterinary elective procedures such as tail docks and / or the declawing of animals.

Affidavit

I certify that the above answers given by me to the foregoing questions and statement are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall be not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give information regarding my employment, character or qualifications. I hereby release said companies from all liability for any damage for issuing this information. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from the final pay check all monies due and owing to the company.

Signature

Date
