

# APPLICATION FOR EMPLOYMENT

(Please print clearly)

## An Equal Opportunity Employer

Our practice does not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, disability, or any other status protected by applicable law or regulation. It is our intent that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_ Phone \_\_\_\_\_  
No. Street City State Zip

Position applied for \_\_\_\_\_ Email address \_\_\_\_\_

Employment you are seeking  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 \_\_\_\_\_  
Name(s)

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

Are there any other work experiences, skills, or qualifications that you feel would especially qualify you for employment here?  
Please add any additional comments you think are important for us to consider. Use an additional sheet of paper if necessary

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 are applying will be considered.

If yes, please explain \_\_\_\_\_

Have you previously applied here?  Yes  No

If yes, when? \_\_\_\_\_

Have you worked for any entity under a different name?  Yes  No

If yes, give name \_\_\_\_\_

If you are applying for a position 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 positions only: Do you have a valid driver's license?  Yes  No

Driver's license number \_\_\_\_\_ Type/Class of license \_\_\_\_\_ State \_\_\_\_\_

Has your driver's license been revoked or suspended in the last 3 years?  Yes  No

## Personal References (not former employers or relatives)

| Name and Occupation | Address | Phone |
|---------------------|---------|-------|
|                     |         |       |
|                     |         |       |
|                     |         |       |
|                     |         |       |

## Education Record—Nonveterinarians Only

| Name of School   | Years Completed | Degree Awarded | Grade Average | Honors |
|--|-----------------|----------------|---------------|--------|
| High School  |                 |                |               |        |
| College or University  |                 |                |               |        |
| Business, Trade, Correspondence, or Night School   |                 |                |               |        |
| Other  |                 |                |               |        |
| Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, _____ WPM<br>List office machines, computers, and software you are qualified to operate |                 |                |               |        |
| List any special honors, recognitions, awards  |                 |                |               |        |

## Education Record—Veterinarians Only

| Name of School  | Years Completed | Degree Awarded | Grade Average | Honors |
|---|-----------------|----------------|---------------|--------|
| High School   |                 |                |               |        |
| College or University (Preveterinary)   |                 |                |               |        |
| College (Veterinary Curriculum)   |                 |                |               |        |
| Postgraduate training (including internships, dates, and degrees awarded, if any)                                 |                 |                |               |        |
| Are you board certified? <input type="checkbox"/> Board eligible? <input type="checkbox"/> Which specialty board? |                 |                |               |        |
| List continuing education courses completed in the past 18 months   |                 |                |               |        |
| List the states in which you are licensed to practice along with license numbers                                  |                 |                |               |        |
| List any special honors, recognitions, awards   |                 |                |               |        |

## Relevant Special Interests/Organizations

(Do not include any labor organization, or memberships that reveal race, sex, age, veteran status, disability, or other protected status.)

| Name or Description of Organization | Active Participation |    | Offices Held |
|-------------------------------------|----------------------|----|--------------|
|                                     | From                 | To |              |
|                                     |                      |    |              |
|                                     |                      |    |              |
|                                     |                      |    |              |
|                                     |                      |    |              |

# Work History

(Beginning with the most recent, list all past employers, including any pertinent military experience. If self-employed, provide the business name and business references.

A job offer may be contingent upon acceptable references.)

|                       |                          |                           |                        |
|-----------------------|--------------------------|---------------------------|------------------------|
| Name of Company       | Business Address<br>City | State                     | Phone                  |
| Type of Business      | Immediate Supervisor     | Dates Employed<br>From To |                        |
| Exact Job Title       | Earnings<br>At Hire      | At Termination            | Reason for Termination |
| Description of Duties |                          |                           |                        |

|                       |                          |                           |                        |
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|                       |                          |                           |                        |
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|                       |                          |                           |                        |
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| Description of Duties |                          |                           |                        |

# Certification

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass an alcohol/drug screening examination: I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required and if permitted by law. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT OR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRACTICE MANAGER OR OWNER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY SUCH PERSON AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Signature

Date