

## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION

|                       |                       |                       |   |
|-----------------------|-----------------------|-----------------------|---|
| Name (Last)           | First                 | Middle                | Date / /  |
| Home Address          |                       | City                  | State Zip   |
| Home Telephone<br>( ) | Cellular Phone<br>( ) | Business Phone<br>( ) | May we contact you at work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email                 |                       |                       |   |

### CAREER

|                                 |  |  |   |          |        |          |        |  |
|---------------------------------|--|--|---|----------|--------|----------|--------|--|
| Position/Type of Work Desired   | Are you 18 years or older?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Date Available for Employment<br>/ /   | How did you hear of this position/hospital? |          |        |          |        |  |
| Did an employee refer you? Who? | Desired Salary<br>\$   | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/> Summer |   |          |        |          |        |  |
| Days and hours available        |  |  |   |          |        |          |        |  |
| Day                             | Monday   | Tuesday  | Wednesday                                   | Thursday | Friday | Saturday | Sunday | Are you willing to relocate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| From                            |  |  |   |          |        |          |        |  |
| To                              |  |  |   |          |        |          |        |  |

### EDUCATION

| Type of School  | Name and Location of School | Degree/Area of Study | Number of Years Attended | Graduated (check one)        |
|-----------------|-----------------------------|----------------------|--------------------------|------------------------------|
| High School     | Name Address                |                      |                          | <input type="checkbox"/> Yes |
|                 | City State Zip              |                      |                          | <input type="checkbox"/> No  |
| College         | Name Address                |                      |                          | <input type="checkbox"/> Yes |
|                 | City State Zip              |                      |                          | <input type="checkbox"/> No  |
| Graduate School | Name Address                |                      |                          | <input type="checkbox"/> Yes |
|                 | City State Zip              |                      |                          | <input type="checkbox"/> No  |
| Other           | Name Address                |                      |                          | <input type="checkbox"/> Yes |
|                 | City State Zip              |                      |                          | <input type="checkbox"/> No  |

### MILITARY

|  |                   |              |                             |
|--|-------------------|--------------|-----------------------------|
| Period of Active Duty (Mo./Yr. to Mo./Yr.) | Branch of Service | Highest Rank | Principal Duties Performed? |
|--|-------------------|--------------|-----------------------------|

## EMPLOYMENT HISTORY

List employment starting with your most recent position. You may include a description of verified work performed on a volunteer basis.

| Dates                | Name and Address of Employer | Position Held and Supervisor | List of Major Duties | Salary or Wages | Reason for Leaving |
|----------------------|------------------------------|------------------------------|----------------------|-----------------|--------------------|
| From: (mo./yr.)<br>/ | Name                         | Your Job Title               |                      | Starting        |                    |
| To: (mo./yr.)<br>/   | Address                      | Supervisor                   |                      | Final           |                    |
|                      | City & State Phone           |                              |                      |                 |                    |
| From: (mo./yr.)<br>/ | Name                         | Your Job Title               |                      | Starting        |                    |
| To: (mo./yr.)<br>/   | Address                      | Supervisor                   |                      | Final           |                    |
|                      | City & State Phone           |                              |                      |                 |                    |
| From: (mo./yr.)<br>/ | Name                         | Your Job Title               |                      | Starting        |                    |
| To: (mo./yr.)<br>/   | Address                      | Supervisor                   |                      | Final           |                    |
|                      | City & State Phone           |                              |                      |                 |                    |

|  |  |
|--|--|
| How many pets do you have as part of your family today?  | Please list your family of pets you are closest to (up to three):  |
| Are you involved in any pet/animal related associations or organizations? If so, which ones?   |  |
| Special training or skills within your field:  | Computer skills: <input type="checkbox"/> Macintosh <input type="checkbox"/> PC<br>List software you have used/taken classes in: |
| States Licensed in: (DVM/LVT/CVT)  | License #: _____ Licenses Pending: _____   |
| Do you have a current DEA License?   | States Federally Accredited in: _____  |
| Career Related Clubs or Organizations in which you participate:  |  |
| Are you able to stoop, twist, bend, stand for a long period of time and lift up to 50 lbs. occasionally with or without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No    |  |
| If selected for employment, are you able to provide current original documents of proof of your eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

## REFERENCES

| Business References (do not list relatives): |         |                   |       |             |
|--|---------|-------------------|-------|-------------|
| Name   | Address | Work Phone Number | Title | Years Known |
|  |         |                   |       |             |
|  |         |                   |       |             |
|  |         |                   |       |             |

I certify that all information given on this application is true and correct. I understand that Family Pet Hospital will investigate my work and personal history and I authorize all persons, schools, companies, credit bureaus, and law enforcement agencies to supply any information concerning my background and release them from any liability and responsibilities arising from their doing so. I also understand if hired, my employment would be "at will" which means I may be terminated at any time for any reason. I further understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false, will result in my immediate dismissal. And if I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the US within three (3) business days of my hire date. Any change to the policies stated above must be in writing and signed by the Chief of Staff/owner of hospital in order to be effective.

**SIGNED AND DATE**

Applicant's Signature X \_\_\_\_\_ Date \_\_\_\_\_

**This statement may be photocopied for background investigation**