

# Application for Employment

It is our policy that this employer complies with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name _____	Date _____
Last                      First                      MI	
Address _____	City _____ State _____ Zip _____
Phone _____	Fax _____ E-mail _____
Driver's License # _____	State licensed in _____

Do you have the right to work in the U.S.?                       Yes                       No  
 On an unrestricted basis?     Yes                       No

How did you hear of this opening? \_\_\_\_\_

After reviewing the job description for the position for which you are applying, are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

Shift(s) Preferred \_\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time \_\_\_\_\_

Position applied for _____
Wage or salary desired \$ _____                      When can you start? _____

Are you aware that working in a veterinary practice may require working extra hours or overtime some days in order to provide emergency care for our patients?                       Yes                       No  
 Are you willing and able to work these extra hours?     Yes                       No  
 Can you provide proof of current Covid-19 vaccination?     Yes                       No  
 Have you received the job description for this position?     Yes                       No  
 Have you read the job description for this position?     Yes                       No  
 Are you able to work in a smoke free environment?     Yes                       No  
 Are you now or have you been a member or employee of a radical animal rights organization such as PETA within the last ten years?     Yes                       No

Education	Name & Location of School	Year Graduated	Major	Diploma/Degree
High School			XXXXXX	XXXXXX
College/Univ.				
College/Univ.				

**Work History: (Past seven years)**

Most recent/present employer \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Left: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May we contact your most recent/present employer?       Yes       No**

Prior employer \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Left: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Prior employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Starting Position: \_\_\_\_\_  
Date Left: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Name & Title of Supervisor: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Prior employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Starting Position: \_\_\_\_\_  
Date Left: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Name & Title of Supervisor: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

In addition to your work history, what other types of experiences, skills, personality traits or qualifications do you possess that could help our company?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHARACTER REFERENCES: Non-relatives only**

Name/Relationship	Address	Telephone Number
1.		( ) -
2.		( ) -
3.		( ) -

**Employee Statement**

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I agree to have any of the statements I have made checked unless I have indicated to the contrary. I authorize the references listed above and other individuals who you may contact to provide any and all information concerning my previous employment and any other pertinent information that they may have. Furthermore, I release all parties and persons from any and all liability for damages that may result from furnishing such truthful information as well as from the disclosure of such information by the employer or any of its employees, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

Final candidates will be required to pass a pre-hiring substance abuse blood or urine test.

In consideration of my employment, I agree to conform to the rules and standards of the practice, as amended from time to time at its discretion. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the employer. I understand that no employee or representative of this business other than its owner has the authority to enter into agreement for employment for any specified period of time or to make any agreement contrary to that stated in this form. Furthermore, the owner of this business may not alter the at-will nature of the employment relationship unless he or she does so in writing.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the Unites States.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date