



Employment Application

An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Personal

Social Security No. _____ Date _____

Name _____
Last First Middle

Present Address _____ Phone No. _____
No. Street City State/Zip

Position Applied For _____ Rate Of Pay Expected \$ _____ Per Hour

Would You Work _____ Full Time _____ Part Time

Were You Previously Employed By This Organization? _____ If Yes, When? _____

List Any Friends Or Relatives Working Here, Other Than Spouse _____

On What Date Will You Be Available To Start Working? _____

List Any Work Experiences, Skills, or Qualifications That You Feel Would Help With Working Here

Are You 18 Years Of Age Or Older? _____

Do You Have A Valid Driver's License? _____ Driver's License Number _____

If Hired, Can You Furnish Proof You Are Eligible To Work In The U.S? _____

Have You Ever Been Convicted Of A Felony? _____

If Yes, Explain _____

A "yes" answer does not automatically disqualify you from employment

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	Address	Phone Number

Education Record- Non-veterinarians Only

Name Of School	Degree Awarded	Grade Average	Honors
High School			
College or University			
Other			

Are There Office Machines And Computers You Know How To Operate? _____

If Yes, Describe _____

Education Record- Veterinarians Only

Name Of School	Degree Awarded	Grade Average	Honors
High School			
College (Preveterinary)			
College (Veterinary Curriculum)			

Postgraduate Training, Including Internships (include dates and degrees awarded, if any)

Are You Board Certified? _____ Board Eligible? _____ Which Specialty Board? _____

List Continuing Education Courses Attended In The Past 18 Months

List the States in Which You Are Licensed to Practice Along With License Number



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

Name Of Company	Address	City	State	Phone Number
Type Of Business	Immediate Supervisor		Date Employed From To	
Job Title	Earnings At Hire	At Termination		Reason for Leaving
Description Of Duties _____ _____				

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Description Of Duties _____ _____				

Affidavit

I verify 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 obtained from neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of he 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 from any legal liability in making such statements. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. 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 CAUSE AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Signature _____

Date _____

FOR EMPLOYER'S USE ONLY

Reference Check

Date Called	Company Called	Person Contacted	Comments

Interview Results

