

EMPLOYMENT APPLICATION

DATE _____

APPLICANT INFORMATION:

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

APPLYING FOR:

____ Full time ____ Full-time, Temporary ____ Flexible Hours/On Call
____ Part time ____ Part-time, Temporary ____ Weekends

POSITION WANTED:

____ Accounting ____ Animal Care ____ Clerical ____ Laboratory
____ Maintenance ____ Other (specify) _____

EDUCATIONAL BACKGROUND:

High School _____ Graduated: () Yes () No () GED

College _____ Graduated: () Yes () No () GED

QUALIFICATIONS/SKILLS:

Clerical: Typing wpm _____ Shorthand wpm _____ Other _____

WORK HISTORY: (Begin with most recent)

Employer: _____ From ____ / ____ To ____ / ____

Address: _____

Duties: _____ Salary _____

Reason For Leaving: _____ Hrs/Wk _____

Employer: _____ From ____ / ____ To ____ / ____

Address: _____

Duties: _____ Salary _____

Reason For Leaving: _____ Hrs/Wk _____

Employer: _____ From ____ / ____ To ____ / ____

Address: _____

Duties: _____ Salary _____

Reason For Leaving: _____ Hrs/Wk _____

Employer: _____ From ____ / ____ To ____ / ____

Address: _____

Duties: _____ Salary _____

Reason For Leaving: _____ Hrs/Wk _____

Employer: _____ From ____ / ____ To ____ / ____

Address: _____

Duties: _____ Salary _____

Reason For Leaving: _____ Hrs/Wk _____

Employer: _____ From ____ / ____ To ____ / ____

Address: _____

Duties: _____ Salary _____

Reason For Leaving: _____ Hrs/Wk _____

REFERENCES: Full Name Home or Business Address Phone Number Occupation

1. _____

2. _____

3. _____

EMPLOYMENT APPLICATION QUESTIONNAIRE

HAVE YOU EVER WORKED FOR A VETERINARIAN BEFORE? () YES () NO

DO YOU ENJOY MEETING THE PUBLIC? () YES () NO

DO YOU USE DRUGS? () YES () NO
DO YOU HAVE YOUR OWN PERSONAL VEHICLE? () YES () NO
HAVE YOU EVER BEEN DISCHARGED BY AN EMPLOYER?

If so, give: Employer _____
Address _____
Reason for Discharge _____

DO YOU OWN ANY PETS?

Please List: 1. _____
2. _____
3. _____
4. _____
5. _____

WOULD YOU HAVE ANY DIFFICULTY LIFTING A 35-POUND DOG INTO A CAGE FOUR FEET OFF THE FLOOR? () YES () NO

WHAT SALARY & FRINGE BENEFITS WOULD YOU EXPECT AFTER 1 YEAR EMPLOYMENT?

WHY DO YOU WANT TO WORK?

DO YOU EXPECT TO BE OUT OF TOWN ON ANY SPECIFIC HOLIDAYS? () YES () NO

ARE YOU WILLING TO DO YOUR SHARE OF WEEKEND PET CARE? () YES () NO

WHY SHOULD YOU BE SELECTED FOR THE NEXT AVAILABLE OPEN POSITION?

CERTIFICATION STATEMENT:

THIS APPLICATION DOES NOT CONSTITUTE A WRITTEN EMPLOYMENT AGREEMENT.

IN THE EVENT THAT THE APPLICANT AGREES TO ACCEPT A POSITION WITH THE COMPANY, THE APPLICANT AGREES THAT THE EMPLOYMENT RELATIONSHIP BETWEEN THE COMPANY AND THE EMPLOYER IS AN AT-WILL RELATIONSHIP AND THAT THE EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR THE EMPLOYEE.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT. IF THE COMPANY DETERMINES THAT ANY OF THE INFORMATION SUBMITTED IN THIS APPLICATION IS FALSE, I SHALL BE IMMEDIATELY DISQUALIFIED FROM CONSIDERATION FOR EMPLOYMENT AND/OR DISCHARGED FROM EMPLOYMENT IN ACCORDANCE WITH COMPANY POLICY.

I HEREBY GRANT PERMISSION TO THE COMPANY TO INVESTIGATE THE INFORMATION CONTAINED IN THIS APPLICATION AND RELEASE THE COMPANY AND ANY AGENTS OR OTHER PERSONS ACTING ON BEHALF OF THE COMPANY FROM ANY AND ALL LIABILITY RELATING TO ANY INVESTIGATION OF THE INFORMATION CONTAINED IN THIS APPLICATION.

Signature of Applicant

Date