



APPLICATION FOR EMPLOYMENT

(Please print clearly)

We Are 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 _____
Street City Apt.
State Zip Telephone _____

Position applied for _____ Rate of pay expected \$ _____ per hour

Would you work _____ full time _____ part time _____ holidays _____ weekends

Specify days and hours available to work below:

Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Yes or No							
Hours							

List any friends or relatives working here _____

If your application is considered favorably, on what date will you be available to work? _____

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here? Please add any additional comments you think are important for us to consider.

If hired, can you provide proof you are eligible to work in the United States? yes no

Have you worked for a firm under a different name? yes no

If yes, give name _____

What interested you in this position?



Personal References (not former employers or relatives)

Name and occupation	Address	Phone number

Membership in Professional or Civic Organizations (do not include racial, religious, or nationality groups)

Name or description of organization	Active participation		Offices held
	From	To	

Education record

Name of School	Degree awarded	Grade average	Honors
High School			
College/University			
Trade School, etc...			
Other			

Do you type? <input type="checkbox"/> yes <input type="checkbox"/> no WPM _____	Office machines, computers and software you know how to operate.
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Work History (begin with the most recent, list all past employers)

Name of company	Business address, city, state	Phone #
Type of business	Immediate supervisor	Date employed From To
Exact job title	Wages at Hire: Termination:	Reason for termination/leaving
Description of duties		
May we contact this employer?		

Name of company	Business address, city, state	Phone #
Type of business	Immediate supervisor	Date employed From To
Exact job title	Wages at Hire: Termination:	Reason for termination/leaving
Description of duties		
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Name of company	Business address, city, state	Phone #
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Description of duties		
May we contact this employer?		

Affidavit

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 obtained from neighbors, friends, former employees, schools and others. I understand that 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 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 that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. I understand that this is a Drug-Free Workplace with a random drug testing protocol because public health and safety are involved. 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 a cause and with or without a notice. I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____



Education Record (Veterinarians and Certified Veterinary Technicians only)

Name of School	Degree awarded	Grade average	Honors
High School			
Undergraduate			
Veterinary College			

Postgraduate training, including internships (include dates and degrees awarded, if any) _____

Are you board certified? yes no

Board eligible? yes no

Which specialty board _____

List continuing education courses attended in the last 18 months _____

List the states in which you are licensed to practice along with license numbers:

State _____ License # _____

State _____ License # _____

State _____ License # _____