

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 wmp 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

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