



Employment Application

Hospital: _____

Personal Information

Name: _____
Last Name
First Name
Middle

Address: _____
Number
Street
City
State
Zip

Phone: () _____ SSN: _____ - - _____
Driver's License Number
State

Previous Address: _____

Have you ever been convicted of a crime other than a minor traffic accident? Yes No
 (If yes, explain and list convictions, starting dates, nature of the offense and where occurred. A conviction will not necessarily disqualify an applicant for employment.)

Can you upon employment, verify your legal right to work in the United States? Yes No
 Are you eighteen years of age or older? Yes No
 Can you show proof of age? Yes No

How were you referred? Ad Employee Referral Other _____
 Have you ever worked at another location of this company? Yes No
 When: _____ Where: _____
 Do you have friends or relatives working at our company? Yes No

Position applying for: _____ Salary expectations: _____

Indicate hours of availability to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Skills and/or Licenses

Indicate areas in which you are skilled and/or licensed:

- Vet Tech Licensed Vet Tech Eligible Personal Computer Phone Console
 Typewriter (electric) Typewriter (manual) Word Processor Other:
WPM _____ WPM _____ WPM _____ _____
 Calculator Cash Register Ten Key

Education

College: _____
School
City
State
Major
Degree
Yrs. Completed

High School: _____
School
City
State
Major
Degree
Yrs. Completed

Other: _____
 (Continuing Education, Seminars, Workshops, etc.)

In order for this application to be considered, you must account for all time during the past ten years or since leaving school, whichever period is shorter.

Employment Record

Starting with your present employer, list your most recent employers. If currently employed, may we contact your present employer?

Name of Present or Last Employer	Address	City & State	Zip	Phone
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Kind of Business	Supervisor's Name	Date Started	Starting Position
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Final Position	Starting Pay Rate	Final Pay Rate	Date Left
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Previous Employer	Address	City & State	Zip	Phone
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Kind of Business	Supervisor's Name	Date Started	Starting Position
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Final Position	Starting Pay Rate	Final Pay Rate	Date Left
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Previous Employer	Address	City & State	Zip	Phone
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Kind of Business	Supervisor's Name	Date Started	Starting Position
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Final Position	Starting Pay Rate	Final Pay Rate	Date Left
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Additional Experience and/or Qualifications

List any other experience, skills or qualifications which you believe should be considered in evaluating your qualifications for employment. You may want to include prior military service, awards, certificates or special recognition that you received in connection with previous employment, or your own interest in animals as a pet owner.

Personal References

List the names of three people, other than relatives or former employers, who have known you for at least five years.

Name	Address	Phone	Number of Years Known
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I acknowledge that in connection with my application for employment with the Company, that a consumer report may be made as to my character, general reputation, personal characteristics and mode of living. I hereby authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my background, and release the same from any liability resulting from providing such information. I also acknowledge that from time to time, the Company may be required to submit certain information with regard to my employment or application therefor to various local, state and federal government agencies. I hereby authorize the Company, to provide such information and release the Corporation, its agents, assigns and subsidiaries from any liability resulting from submitting such information.

I understand the employment relationship between the employee and the Company may be terminated by either party at any time with or without cause in the sole discretion of either party. No person acting on behalf of the Company is authorized to expressly or implicitly alter this policy, except in an express, specific written contract signed by the President or C.O.O. of the company. Longevity of employment, commendations and promotions, while desired objectives, do not alter the rights of the employee or the Company to terminate employment in their sole discretion.

I also acknowledge that I have been informed that veterinary hospitals use X-ray equipment and chemical substances that may cause injury to a fetus. I agree to notify my supervisor immediately if I become pregnant and that company policy requires a doctor's letter for continued employment.

I hereby certify that all statements and answers set forth on this application form are complete and true, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment.

Signature

Date

**Place one copy of documentation in employee's personnel file.
Send original documentation to the Payroll Department.**