

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name _____ Date _____
 Last First Middle

Address _____
 Street City State Zip

Telephone Number _____ Are you over 18 years old? () YES () NO
Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?
() YES () NO

Are there any hours, shifts or days you cannot or will not work? _____

Do you want to work part-time _____ or full-time _____?

Are you aware that working in a veterinary practice may require you to work extra hours or overtime some days in order to provide emergency care of our patients?

() YES () NO

Are you willing and able to work these extra hours? () YES () NO

Answer this question after reviewing a description of the job applied for:

Do you have a physical or medical condition which would limit your capacity for the job?

() YES () NO

If yes, what can be done to accommodate your limitation?

Have you ever been convicted of a felony? () YES () NO (Conviction will not necessarily disqualify you for employment)

If yes, describe the conditions:

| | NAME & LOCATION OF SCHOOL | YEAR GRAD | MAJOR | DEGREE |
|-----------------------------|---------------------------|-----------|-------|--------|
| High School | | | | |
| College | | | | |
| College | | | | |
| Other Training or Education | | | | |

In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with out clinic?

Position applied for: _____

Wage or salary desired: _____ When can you start? _____

WORK HISTORY

May we contact your present employer? () Yes () No

Most recent Employer: _____

Address: _____ Telephone: _____

Date Started: _____ Starting Salary: _ _____

Starting Position: _____

Name & Title of Supervisor: _____

Description of Duties: _____

Reason For Leaving: _____

Previous Employer: _____

Address: _____ Telephone: _____

Date Started: _____ Starting Salary: _____

Starting Position: _____

Name & Title of Supervisor: _____

Description of Duties: _____

Reason For Leaving: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize the clinic to make an investigation of any of the facts set forth in this application. I understand that employment at the clinic is "at will" which means that either the clinic or I can terminate the employment relationship at any time, with or without prior notice.

DATE: _____ APPLICANT'S SIGNATURE: _____