

# Application for Employment

## 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 \_\_\_\_\_ Telephone no. \_\_\_\_\_  
No. Street City State Zip

Position applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per week

Would you work \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time Specify days and hours if part-time \_\_\_\_\_

Were you previously employed by this organization? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working here, other than spouse \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 20 \_\_\_\_\_

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 you are applying for a job with minimum age requirements, you may be required to submit proof of age.

For jobs with minimum age requirements:

Are you 18 years of age or older? .....  yes  no

**For driving jobs only:** Do you have a valid driver's license? .....  yes  no

Driver's license number \_\_\_\_\_ Class of license \_\_\_\_\_

Have you had your driver's license revoked or suspended in the last 3 years? .....  yes  no

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

**Have you ever been convicted of a felony?** .....  yes  no

A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.

If yes, please explain \_\_\_\_\_

**Have you previously applied here?** .....  yes  no

If yes, when? \_\_\_\_\_

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

If yes, give name \_\_\_\_\_

**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--Nonveterinarians Only**

Name of School	Degree Awarded	Grade Average	Honors
High School			
College or University			
Business, Trade, Correspondence or Night School			
Other			

Do you type?  yes  no     Manual machines \_\_\_\_\_ WPM     Electric machines \_\_\_\_\_ WPM

Shorthand \_\_\_\_\_ WPM    Office machines & computers you know how to operate \_\_\_\_\_

**Education Record--Veterinarians Only**

Name of School	Degree Awarded	Grade Average	Honors
High School			
College or University (Preveterinary)			
College (Veterinary Curriculum)			

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

Are you board certified?     Board eligible?     Which specialty board? \_\_\_\_\_

List continuing education courses attended in the past 18 months \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

## Relevant Special Interests/Organizations

(Do not include any labor organization, or memberships that reveal race, sex, age, veteran status, disability, or other protected status.)

Name or Discription of Organization	Active Participation		Offices Held
	From	To	

## Work History

(Beginning with the most recent, list all past employers, including any pertinent military experience. If self-employed, provide the business name and business references. A job offer my be contingent upon acceptance references.)

Name of Company	Business Address	Phone

Type of Business	Immediate Supervisor	Dates Employed (From, To)

Exact Job Title	Earnings		Reason for Termination
	At Hire	At Termination	

Description of Duties

Name of Company	Business Address	Phone

Type of Business	Immediate Supervisor	Dates Employed (From, To)

Exact Job Title	Earnings		Reason for Termination
	At Hire	At Termination	

Description of Duties

Name of Company	Business Address	Phone

Type of Business	Immediate Supervisor	Dates Employed (From, To)

Exact Job Title	Earnings		Reason for Termination
	At Hire	At Termination	

--

**Work History, Continued****Description of Duties**


Name of Company	Business Address	Phone

Type of Business	Immediate Supervisor	Dates Employed (From, To)

Exact Job Title	Earnings		Reason for Termination
	At Hire	At Termination	

**Description of Duties**


**Certification**

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. I understand 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 that 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 I may be required to successfully pass an alcohol/drug screening examination: I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required and permitted by law. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I UNDERSTAND THAT THIS APPLIATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT OR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRACTICE MANAGER OR OWNER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY SUCH PERSON AND THE EMPLOYEE. 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 REASON AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Signature

Date