

Application for Employment Hill-Dale Veterinary Hospital

(an equal opportunity employer)

Position Desired: _____

Date:	_____				
First Name:	_____	Last Name:	_____		
Social Security Number:	_____				
Address:	_____				
City:	_____	State:	_____	Zip:	_____
Home Phone:	_____		Cell Phone:	_____	
Email Address:	_____				

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes ____ No ____
Are you a U.S. Citizen? Yes ____ No ____
Are you 18 years or older? Yes ____ No ____
Have you been convicted of a felony or misdemeanor within the past 5 years? Yes ____ No ____ Describe _____
Have you ever been convicted of a felony offense relating to controlled substance, or have you ever had a controlled substance registration denied, revoked or have you ever surrendered a registration for cause? Yes ____ No ____

Education	School Name	City and State	No. of Years Attended	Did you graduate?	Course or Major
High School					
College					
Other					

Do you have experience in the position that you are applying for? Yes ____ No ____

Can you meet the attendance requirements for the job? Yes ____ No ____

I can work: ☐ Days ☐ Evenings ☐ Saturdays Are you willing to work overtime? Yes ____ No ____

of Days per Week: _____ # of Hours per Week: _____ Salary Requirement: \$ _____ per hour

Date Available to Start: _____

How much notice will you need if offered a position? _____

EMPLOYMENT / WORK EXPERIENCE

Cover last 7 years; include periods of self-employment or unemployment. If additional space is needed, please use the box labeled "**Additional Information**" below the last employment question.

List present or most recent position first

Name of Employer:			
Address:			
City:	State:	Zip:	
Phone Number:			
Employed From (month/year):		To:	
Position(s) Held:			
Supervisor's Name and Title:			
Average Number of Hours Worked per Week:		Rate of Pay: Start	End
Describe your duties:			
May we contact this employer?			
Give specific reason for leaving:			

Name of Employer:			
Address:			
City:	State:	Zip:	
Phone Number:			
Employed From (month/year):		To:	
Position(s) Held:			
Supervisor's Name and Title:			
Average Number of Hours Worked per Week:		Rate of Pay: Start	End
Describe your duties:			
May we contact this employer?			
Give specific reason for leaving:			

Name of Employer:			
Address:			
City:	State:	Zip:	
Phone Number:			
Employed From (month/year):		To:	
Position(s) Held:			
Supervisor's Name and Title:			
Average Number of Hours Worked per Week:		Rate of Pay: Start	End
Describe your duties:			
May we contact this employer?			
Give specific reason for leaving:			

Name of Employer:			
Address:			
City:	State:	Zip:	
Phone Number:			
Employed From (month/year):		To:	
Position(s) Held:			
Supervisor's Name and Title:			
Average Number of Hours Worked per Week:		Rate of Pay: Start	End
Describe your duties:			
May we contact this employer?			
Give specific reason for leaving:			

Additional Information (Please list any other pertinent information)

Rate yourself in the following areas (1=Low; 5 = High) Please Add Comments

Prompt - arrives at work on time

Flexible - does not view job area rigidly

Cheerful - helpful to clients/coworkers

Responsible

Compassionate - particularly with animals

Efficient - uses time effectively

Thorough - completes tasks

Able to take initiative and see what needs to be done

Organized

Telephone skills

References

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

GENERAL AGREEMENT

I understand that all offers of employment are conditioned on receipt of satisfactory responses to reference requests and the provision of satisfactory proof of the applicant's identity and legal authority to work in the United States. In consideration of my employment, I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion.

AUTHORIZATION TO CHECK REFERENCES

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the information checked unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the practice may contact, to provide all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from all liability for any damages that may result for furnishing the practice with such information as well as from the use and disclosure of such information by the employer or any of its agents, employees or representatives. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, my dismissal from employment.

EMPLOYMENT RELATIONSHIP

If employed, I understand that employment with the practice is not for a specified term and can be terminated "at will", with or without notice, at any time, either at the option of the employee or the employer. The "At-Will" employment policy includes all employees including those presently employed by the practice. No employee or representative of the practice, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the "At-Will" nature of the employment relationship unless it is done specifically and in writing that is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "At-Will" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

Signature: _____ Date: _____