



## 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 handicap. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

#### PERSONAL INFORMATION:

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Rate of Pay Expected \$ \_\_\_\_\_ Per Hour      Seeking  full-time  part-time position

Are you currently a client here?  Yes  No

List any friends or relatives currently working here: \_\_\_\_\_

What date would you be available to start work, if hired? \_\_\_\_\_

Why are you interested in applying for this job? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years?  Yes  No

Are you a U.S. Citizen or do you have a valid work permit?  Yes  No

Have you ever been charged or convicted of a felony?  Yes  No

Have you ever filed for Workman's Compensation?  Yes  No

Have you ever been charged or convicted of animal abuse?  Yes  No

EDUCATIONAL INFORMATION:

Name of School	Dates Attended		Degree Attained	Grade Average	Honors Attained
	Start	End			
High School:					
College or University:					
Business or Trade School:					
Other:					
Computer Programs and Office Machines You Can Operate:					

WORK HISTORY:

(Beginning with the most recent, list all past employers below)

Name of Company	Business Address		Phone Number	
Type of Business	Immediate Supervisor		Dates Employed	
			From (MO/YR)	To (MO/YR)
Job Title	Earning at:		Reason for Termination	
	Hire	Termination		
Job Duties:				

Name of Company	Business Address		Phone Number	
Type of Business	Immediate Supervisor		Dates Employed	
			From (MO/YR)	To (MO/YR)
Job Title	Earning at:		Reason for Termination	
	Hire	Termination		
Job Duties:				

WORK HISTORY (cont.):

Name of Company	Business Address		Phone Number	
Type of Business	Immediate Supervisor		Dates Employed	
			From (MO/YR)	To (MO/YR)
Job Title	Earning at:		Reason for Termination	
	Hire	Termination		
Job Duties:				

Name of Company	Business Address		Phone Number	
Type of Business	Immediate Supervisor		Dates Employed	
			From (MO/YR)	To (MO/YR)
Job Title	Earning at:		Reason for Termination	
	Hire	Termination		
Job Duties:				

May we contact your past employers for work references if you are considered for employment?  Yes  No

MEMBERSHIP IN EXTRACURRICULAR, PROFESSIONAL, OR CIVIC ORGANIZATIONS

Name or Description of Organization	Dates of Membership		Position Held
	From (MO/YR)	To (MO/YR)	

PERSONAL REFERENCES (Not former employees or relatives)

Name and Occupation	Address	Phone Number

May we contact your personal references if you are considered for employment?  Yes  No

**VETERINARY CLINIC HAZARDS:**

Working in a veterinary clinic is not recommended for individuals who:

1. Have significant allergies to dogs, cats, hair, or other animals.
2. Have impaired immune systems.
3. Become faint at the sight of blood.
4. Are not able to work around an x-ray machine due to a pace maker, pregnancy, or other condition.
5. Have a medical condition which limits their ability to lift and carry 30 to 40 lbs.
6. Have a medical condition which would prevent them from being able to stand and walk most of the day, or bend or stoop frequently.
7. Have known severe allergies to cleaning solutions, or severe allergies to medications.
8. Have a significant fear of dogs or cats.

**PERSONAL HEALTH INFORMATION:**

Current physician name: \_\_\_\_\_, Phone: \_\_\_\_\_

Date of last doctor visit: \_\_\_\_\_

May we contact your physician for a fitness statement:  Yes  No

Would you be willing to have a doctor's examination at company expense if requested?  
 Yes  No

Would you be willing to submit urine or blood samples for drug testing if requested?  Yes  No

Do you currently smoke?  Yes  No

I certify that the answers given by me to the forgoing questions and statements are true and correct without omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of false statements, answers, or omissions made by me in this questionnaire. I also authorize the companies, schools, or persons named above to provide any information regarding my employment, character, and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital, or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck(s) all monies due and owing to the company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_