

# EMPLOYMENT APPLICATION

DATE \_\_\_\_\_

## APPLICANT INFORMATION:

NAME: \_\_\_\_\_ SOCIAL SECURITY # (OPTIONAL): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

## APPLYING FOR:

\_\_\_\_ Full time      \_\_\_\_ Flexible Hours/On Call      \_\_\_\_ Part time      \_\_\_\_ Weekends

## POSITION WANTED:

\_\_\_\_ Receptionist      \_\_\_\_ Veterinary Technician      \_\_\_\_ Kennel Technician      \_\_\_\_ Veterinary      \_\_\_\_ Other (specify)

## EDUCATIONAL BACKGROUND:

High School \_\_\_\_\_ Graduated: ( ) Yes ( ) No ( ) GED  
College \_\_\_\_\_ Graduated: ( ) Yes ( ) No

## QUALIFICATIONS/SKILLS:

Clerical:      Typing wpm \_\_\_\_\_ Shorthand wpm \_\_\_\_\_ Other \_\_\_\_\_

## WORK HISTORY: (Begin with most recent)

Employer: \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title/Duties: \_\_\_\_\_ Salary \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Hrs/Wk \_\_\_\_\_

Employer: \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title/Duties: \_\_\_\_\_ Salary \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Hrs/Wk \_\_\_\_\_

Employer: \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title/Duties: \_\_\_\_\_ Salary \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Hrs/Wk \_\_\_\_\_

Employer: \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title/Duties: \_\_\_\_\_ Salary \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Hrs/Wk \_\_\_\_\_

## EMPLOYMENT APPLICATION QUESTIONNAIRE

**HAVE YOU EVER WORKED FOR A VETERINARIAN BEFORE?** ( ) YES ( ) NO

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**DO YOU ENJOY MEETING THE PUBLIC?** ( ) YES ( ) NO

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**DO YOU SMOKE?** ( ) YES ( ) NO **DO YOU HAVE YOUR OWN PERSONAL VEHICLE?** ( ) YES ( ) NO

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?** ( ) YES ( ) NO

**CAN YOU FURNISH PROOF YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES?** ( ) YES ( ) NO

**HAVE YOU EVER BEEN DISCHARGED BY AN EMPLOYER?**

If so, give: **Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Reason for Discharge** \_\_\_\_\_

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**DO YOU OWN ANY PETS?**

Please List: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

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**WOULD YOU HAVE ANY DIFFICULTY LIFTING A 35-POUND DOG INTO A CAGE FOUR FEET OFF THE FLOOR?** ( ) YES ( ) NO

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**WHAT SALARY & FRINGE BENEFITS WOULD YOU EXPECT AFTER 1 YEAR EMPLOYMENT?**

\_\_\_\_\_

\_\_\_\_\_

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**WHY DO YOU WANT TO WORK FOR WATEREE ANIMAL HOSPITAL?**

\_\_\_\_\_

\_\_\_\_\_

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**DO YOU EXPECT TO BE OUT OF TOWN ON ANY SPECIFIC HOLIDAYS?** ( ) YES ( ) NO

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**ARE YOU WILLING TO DO YOUR SHARE OF WEEKEND PET CARE?** ( ) YES ( ) NO

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**WHY SHOULD YOU BE SELECTED FOR THE NEXT AVAILABLE OPEN POSITION?**

\_\_\_\_\_

\_\_\_\_\_

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THIS APPLICATION DOES NOT CONSTITUTE A WRITTEN EMPLOYMENT AGREEMENT.

IN THE EVENT THAT THE APPLICANT AGREES TO ACCEPT A POSITION WITH THE COMPANY, THE APPLICANT AGREES THAT THE EMPLOYMENT RELATIONSHIP BETWEEN THE COMPANY AND THE EMPLOYER IS AN AT-WILL RELATIONSHIP AND THAT THE EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR THE EMPLOYEE.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT. IF THE COMPANY DETERMINES THAT ANY OF THE INFORMATION SUBMITTED IN THIS APPLICATION IS FALSE, I SHALL BE IMMEDIATELY DISQUALIFIED FROM CONSIDERATION FOR EMPLOYMENT AND/OR DISCHARGED FROM EMPLOYMENT IN ACCORDANCE WITH COMPANY POLICY.

I HEREBY GRANT PERMISSION TO THE COMPANY TO INVESTIGATE THE INFORMATION CONTAINED IN THIS APPLICATION AND RELEASE THE COMPANY AND ANY AGENTS OR OTHER PERSONS ACTING ON BEHALF OF THE COMPANY FROM ANY AND ALL LIABILITY RELATING TO ANY INVESTIGATION OF THE INFORMATION CONTAINED IN THIS APPLICATION. I ALSO GRANT YOU PERMISSION TO OBTAIN A BACKGROUND CHECK AND/OR CREDIT REPORT ON MYSELF.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**