

Application for Employment

Pet Street Veterinary Care Center

299 W. Granada Blvd. Ste. B

Ormond Beach, FL 32174 386-265-4444-Phone 386-265-4445-Fax

Date: _____

An Equal Opportunity Employer

We Consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical conditions, or handicap, or any other legally protected status.

A Smoke-free and Drug-free Workplace

Our facility and our staff values the health of its members and patients, therefore we have elected to have a smoke-free environment to work in. There is no smoking allowed anywhere on the premises of Pet Street Veterinary Care Center. This includes but is not limited to, restrooms, parking lots, pet walking areas, etc. We reserve the right to randomly screen for drug use during your employment with our company. As part of our selection process, a third party investigative inquiry will be made at a later date. This investigation report will verify information you supply in this application, such as education, employment, criminal, and motor vehicle records. While the information provided may not preclude you from being employed, any willful misrepresentation will.

Name: (First, Middle, Last) –Please Print Clearly

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone: () _____ **Other Phone:** () _____

How long have you been at this address? Years? _____ Months? _____

Are you a U.S. Citizen? _____ If no, Alien registration # _____

Social Security# _____ Driver's License # _____

Are you related to any current employee of Pet Street Veterinary Care Center? _____

Have you ever filed an application or worked for us previously? _____ If yes, when did you apply with us? _____

Did an employee of our company refer you? _____ If yes, who? _____

Have you ever been **convicted** of a crime, abused alcohol, prescription or controlled substances? _____ If, yes, explain on back side of application.

Do you have any physical condition that may limit your ability to perform the particular job for which you are applying for? _____ If yes, on back side of this application, describe such condition and explain how you can perform the job for which you are applying in spite of it.

Do you have transportation to work? _____ What kind? _____

Why do you want to work here specifically? _____
List any skills, experiences or qualifications that you feel are important for us to consider when reviewing your application.

Position & Hours:

What position are you applying for? _____

Would you accept another position? _____

What date will you be available for employment? _____

Amount of hours you would like to work? _____

Rate of pay expected per hour? _____

Are you willing to work:

Over 40 hours per week? Yes___ No___

Irregular shifts? Yes___ No___

Nights? Yes___ No___

Saturdays and/or Sundays? Yes___ No___

Holidays? Yes___ No___

Educational Record

	Name of School	Course of Study	Years Completed	Diploma/Degree Awarded (Please indicate yes or no)	G.P.A
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					

Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Are you currently employed? _____ May we contact your present employer? _____

Employer _____ Phone (____) _____

Address, City, State _____

Job Title _____ Dates Employed: From: _____ To: _____

Supervisor: _____ Hourly Wage: Starting: _____ Final: _____

Work Performed: _____

Reason(s) for Leaving: _____

Employer _____ Phone (____) _____

Address, City, State _____

Job Title _____ Dates Employed: From: _____ To: _____

Supervisor: _____ Hourly Wage: Starting: _____ Final: _____

Work Performed: _____

Reason(s) for Leaving: _____

Employer _____ Phone (____) _____

Address, City, State _____

Job Title _____ Dates Employed: From: _____ To: _____

Supervisor: _____ Hourly Wage: Starting: _____ Final: _____

Work Performed: _____

Reason(s) for Leaving: _____

Employer _____ Phone (____) _____

Address, City, State _____

Job Title _____ Dates Employed: From: _____ To: _____

Supervisor: _____ Hourly Wage: Starting: _____ Final: _____

Work Performed: _____

Reason(s) for Leaving: _____

List any skills, experience, or qualifications that you feel are important for us to consider when reviewing your application:

References

Please list the name, address, relationship, and telephone number of three people who are not related to you.

1. _____

2. _____

3. _____

Applicant Comments:

Please write a paragraph describing what your career objectives are, your short-term and long-term goals, and what you expect working in an animal hospital is like.

[illegible]

Please indicate what training or experience you have had that will help you reach these objectives and/or that will help you in your position at an animal hospital.

[illegible]

Applicant Statement:

Federal and state laws require us to notify you that as a part of your applications for employment, we may request an investigative report.

I authorize Pet Street Veterinary Care Center to obtain a third party investigative report in conjunction with my application for employment at this animal hospital. This inquiry may include information concerning my character, general reputation and personal characteristics that may be obtained through personal interview with friends, neighbors, and references. This report will also verify information I supply in this application, such as, education, employment, criminal and motor vehicle records.

Upon your written request, we will furnish you within 5 business days the name address and telephone number for the reporting agency, you may then, if you wish, obtain a copy of such report by contacting the reporting agency directly.

I authorize the companies, schools, or persons named above to give any information regarding my employment, character, and qualifications. I understand and consent to persons or organizations listed by me in this application will be contacted to assist in the evaluation process.

I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this request. I certify that all statements and answers to questions about my health are true and was made by me without any reservations. I expressly waive all provisions or 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 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, any time and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of the termination.

I, also, understand that if hired, I am required to abide by all rules and regulations of the employer. 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.

I, certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire.

____/____/____
Date

Applicant's Signature

Printed Name