

Myrtle Grove Animal Hospital

Employee Application

Myrtle Grove Animal Hospital is an equal opportunity employer and will not discriminate against race, religion, sexual orientation, color, age, sex or disability. Selection decisions are based only on job-related factors.

Applicant Information

Full Name: _____ Date: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____ Email: _____

Date Available: _____ Desired Hourly Rate: \$ _____

Position Applied for: _____

Full-time/Part-time (circle) What days/hours are you available to work? _____

Are you a citizen of the United States? Yes/No If no, are you authorized to work in the U.S.? Yes/No

Have you ever been convicted of a felony? Yes/No If yes, explain: _____

Do you consent to a criminal background check? Yes/No

Do you consent to initial and periodic employee drug testing? Yes/No

Driver's License #: _____ Social Security #: _____

Education

High School: _____ Location: _____

From: _____ To: _____ Did you graduate?: Yes/No

College: _____ Location: _____

From: _____ To: _____ Did you graduate?: Yes/No Degree: _____

Other: _____ Location: _____

From: _____ To: _____ Did you graduate? Yes/No Degree: _____

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References

Please list 3 professional references of people unrelated to you .

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Previous Employment

Company: _____ Phone: () _____
Address: _____
Date Started: _____ Date Left: _____ Reason for leaving: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
May we contact your previous supervisor? Yes/No Supervisor: _____
Company: _____ Phone: () _____
Address: _____
Date Started: _____ Date Left: _____ Reason for leaving: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
May we contact your previous supervisor? Yes/No Supervisor: _____
Company: _____ Phone: () _____
Address: _____
Date Started: _____ Date Left: _____ Reason for leaving: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
May we contact your previous supervisor? Yes/No Supervisor: _____

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Disclaimer and Signature

I certify that all information I have provided 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 uncovered at a later date. I understand that Myrtle Grove Animal Hospital will request an investigative credit check, a criminal background check and a rapid drug screening as part of the application process. I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of Myrtle Grove Animal Hospital and my employment may be terminated at anytime, will or without cause, and with or without notice.

Signature: _____ Date: _____

For Employer Use Only

Reference Check

Date Called	Company Name	Person Contacted	Comments

Interview Results

Date:	Interview:	Criminal:	Drug Screen:
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