

PAMPERED PET HEALTH CENTER

APPLICATION FOR EMPLOYMENT

(please complete every section)

**DRUG-FREE WORKPLACE
EQUAL OPPORTUNITY EMPLOYER**

Date of Application _____ Position applied for _____

Referred to our hospital by: _____

Last Name First Name Middle Initial

Address Street City State Zip Code

Telephone _____ Cell Phone _____

Alternate Contact Phone _____ Best time to call _____

May we contact you at work yes no If yes, work phone _____

Best time to call _____ Are you at least 18 years of age? yes no

Have you applied for a position previously? _____
If yes – date & position applied

Are you legally eligible for employment in this country? yes no

Date available to start work _____ desired salary/hourly rate _____

Type of employment desired : Full-time Part-time Seasonal

Are you able to meet the attendance requirements of the position? yes no

Are you able to perform the requirements described in the job description? yes no

Will you work overtime if required? yes no If no please explain _____

Have you ever pled “guilty” or “no contest” to, or ever been convicted of a crime? yes no

If yes, please provide date(s) and details _____

Answering “yes” to these questions does not constitute an automatic bar to employment. Factors such as date of the offense seriousness of the crime and position applied for will be taken into account.

Are there any animals you cannot work around? yes no If yes please explain _____

EMPLOYMENT HISTORY

Please start with your most recent employer and provide the following information.

Employer Telephone Dates employed ___/___/___ to ___/___/___

Street Address City State Zip Code

Job Title _____ Starting wage _____ ending _____

Immediate Supervisor/ Title _____

Reason for leaving _____

May we contact for reference? yes no later

Please summarize your job responsibilities _____

Employer Telephone Dates employed ___/___/___ to ___/___/___

Street Address City State Zip Code

Job Title _____ Starting wage _____ ending _____

Immediate Supervisor/ Title _____

Reason for leaving _____

May we contact for reference? yes no later

Please summarize your job responsibilities _____

Employer Telephone Dates employed ___/___/___ to ___/___/___

Street Address City State Zip Code

Job Title _____ Starting wage _____ ending _____

Immediate Supervisor/ Title _____

Reason for leaving _____

May we contact for reference? yes no later

Please summarize your job responsibilities _____
_____ Dates employed ___/___/___ to ___/___/___

Employer _____ Telephone _____
Street Address _____ City _____ State _____ Zip Code _____

Job Title _____ Starting wage _____ ending _____

Immediate Supervisor/ Title _____

Reason for leaving _____

May we contact for reference? yes no later

Please summarize your job responsibilities _____

SKILLS & QUALIFICATIONS

Microsoft Internet Cornerstone lab equipment x-ray machine cash register

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position. _____

EDUCATIONAL BACKGROUND

School (Include City & State)	# of years completed	Level of completion / Degree	Course of study

REFERENCES (Persons not related to applicant)

Name	Title/Profession	Relationship to applicant	Telephone	Number of years known
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			()	
			()	

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal & professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I also understand the employer will perform a background check. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that a negative drug test result is required by the employer prior to employment to comply with the employer's drug-free workplace program.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

Do not sign until you have read the above applicant statement.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____