APPLICATION FOR EMPLOYMENT

Personal Information:

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

_____

Phone: _____ Email: _____

Position Applied For: □ Receptionist □ LVT □ Assistant □ Kennel □ Reception

Are you looking for full-time employment? □ Yes □ No

If yes, are you willing to be considered for part-time employment? □ Yes □ No

Our hours are Monday and Tuesday 8a – 8pm, Wednesday – Friday 8a – 8pm, Saturday 8a – 4pm.

Please specify what hours you are *NOT* available: _____

If considered for the position, when would you be able to start?: _____

Are you legally eligible for employment in the United States? □ Yes □ No
All new hires are required to provide proof of eligibility to work in the United States.

Have you ever been convicted of a felony or misdemeanor? □ Yes □ No
If yes, please describe conviction: _____
_____
_____

If you are applying for a job with a minimum age requirement, you may be required to submit proof of age.
Are you 16 years of age or older? □ Yes □ No

Do you have a valid driver's license? □ Yes □ No
Driver's License Number _____ State _____

Are you able to routinely lift a minimum of 40 pounds? □ Yes □ No

Applications are considered without regard to race, color, creed, sex, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

EDUCATION:

School, College, or University Name and Location	Course of Study	Dates Attended	Graduate? (Yes / No)	Degree or Certificate Received

LICENSE / REGISTRATION / CERTIFICATE:

List any required professional license, registration, certificate, etc.

Description	State	Number	Expiration

SPECIALIZED SKILLS AND KNOWLEDGE:

List skills and knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, technical skills, etc.) Attach additional pages as needed.

WORK HISTORY:

NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER
YOUR JOB TITLE		SUPERVISOR'S NAME AND PHONE NUMBER
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	DUTIES (PLEASE LIST ALL DUTIES YOU PERFORMED
ENDING SALARY	HOURS WORKED PER WEEK (AVG)	
REASON FOR LEAVING		

May we contact employer? □ Yes □ No

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REASON FOR LEAVING		

May we contact employer? □ Yes □ No

REFERENCES:

Please list at least **3 professional** references below.

NAME	CONTACT INFORMATION (PHONE, ADDRESS AND/OR EMAIL)
COMPANY AND POSITION	YEARS KNOWN

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ACKNOWLEDGEMENT AND AFFIRMATION

I certify that all information I have provided in this application 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 discovered at a later date. I understand that Belltowne Veterinary Center may request background information from an investigative consumer reporting agency. The type of information obtained may include but are not limited to, social security number verification, credit reports, criminal records check, public court records, educational record checks, employment verification, personal and professional references checks, etc. Any information obtained will be used only for background screening purposes. I also understand that this application or subsequent employment does not create a contract of employment nor guarantees employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice. I certify that the above answers are true and complete to the best of my knowledge. I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I have read and understand and my signature consents to these statements.

Print Name: _____

Signature: _____

Date: _____