

**Eastside Animal Clinic
Application For Employment
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

Social Security # _____ Telephone _____

Second 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 here for a position previously? _____
If yes, - date & position applied for _____

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

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 in account.

Are there any animals you cannot work around? Yes No If yes,

please explain _____

Employment History

Please with your most recent employer and provide the following information:

I.

Employer Telephone Number

Street Address City State Zip Code

Job Title Dates Employed ___/___/___ To ___/___/___

Immediate Supervisor/Title

Starting wage Ending May we contact for reference? Yes No Later

Reason for leaving

Please summarize your job responsibilities

Things you liked about this job

Things you disliked about this job

II.

Employer Telephone Number

Street Address City State Zip Code

Job Title Dates Employed ___/___/___ To ___/___/___

Immediate Supervisor/Title

Starting wage Ending May we contact for reference? Yes No Later

Reason for leaving

Please summarize your job responsibilities

Things you liked about this job

Things you disliked about this job

Employment History continued...

III.

Employer _____ Telephone Number _____

Street Address _____ City _____ State _____ Zip Code _____

Job Title _____ Dates Employed ___/___/___ To ___/___/___

Immediate Supervisor/Title _____

Starting wage _____ Ending _____ May we contact for reference? Yes No Later

Reason for leaving _____

Please summarize your job responsibilities _____

Things you liked about this job _____

Things you disliked about this job _____

IV.

Employer _____ Telephone Number _____

Street Address _____ City _____ State _____ Zip Code _____

Job Title _____ Dates Employed ___/___/___ To ___/___/___

Immediate Supervisor/Title _____

Starting wage _____ Ending _____ May we contact for reference? Yes No Later

Reason for leaving _____

Please summarize your job responsibilities _____

Things you liked about this job _____

Things you disliked about this job _____

SKILLS & QUALIFICATIONS

- Word Internet Cornerstone lab equipment x-ray machine

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 yrs. completed	Level of completion/degree	Course of Study
High School			
College or University			
Business Trade/Correspondence			
Other			

REFERENCES (Persons not related to applicant)

Name	Title	Relationship	Telephone	# of yrs. known

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 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. It is their (Eastside Animal Clinic) intentions that all qualified applicants be given equal opportunity and that selection decisions are based on job related factors. 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 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 _____