

APPLICATION FORM



Position(s) Applied For : _____

Date Application : _____

How did you learn about us? ADVERTISEMENT FRIEND WALK-IN EMPLOYMENT AGENCY RELATIVE
 INDEED OTHER _____

APPLICATION INFORMATION

Full Name : _____

Address Street : _____

City : _____ State & Zip Code : _____

Phone Number : _____

Email Address : _____

Are you available to work : FULL-TIME PART-TIME SEASONAL

Specify days and hours if part-time : _____

Rate of pay expected \$: _____

Were you previously employed by this organization? If yes, when? : _____

List any friends or relatives working here : _____

Are there any other work experiences, skills, or qualifications that you feel would especially qualify you for this position? Please add additional comments you think are important to consider.

INFORMATION

Have you previously applied here? YES NO If yes, when? : _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

On what date would you be available to start work? _____

Can you travel if the job requires it? YES NO

Have you ever been convicted of a felony? YES NO

If yes, please explain _____

A yes does not automatically disqualify you from employment since the nature of offense, date, and the job for which you are applying will be considered.

EDUCATION

	Name of School	Years Completed	Diploma / Degree
High School or GED	_____	_____	_____
Undergraduate	_____	_____	_____
Graduate	_____	_____	_____
Other (Specify)	_____	_____	_____

WORK EXPERIENCE

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

Employer	_____	Dates Employed	_____
Phone Number	_____	Hourly Rate/Salary	_____
Job Title	_____	Supervisor	_____
Reason for Leaving	_____		
Work Performed	_____		

Employer	_____	Dates Employed	_____
Phone Number	_____	Hourly Rate/Salary	_____
Job Title	_____	Supervisor	_____
Reason for Leaving	_____		
Work Performed	_____		

Employer	_____	Dates Employed	_____
Phone Number	_____	Hourly Rate/Salary	_____
Job Title	_____	Supervisor	_____
Reason for Leaving	_____		
Work Performed	_____		

REFERENCES

Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____

DISCLOSURE OF WORKING CONDITIONS

Indian Hills Animal Clinic is a small animal veterinary practice. In the course of your employment, you can expect to encounter events that could be considered psychologically uncomfortable or physically challenging. We feel it is important to communicate possible events you may encounter before you begin work since this may affect your performance at this veterinary practice. You may:

- Be exposed to distressed, grieving and/or angry clients
- Be exposed to unruly and/or aggressive dogs or cats
- Be exposed to severely injured dogs or cats
- Be exposed to deceased dogs or cats
- Be exposed to pain and distress of dogs or cats
- Be exposed to feces, urine, blood, pus, other fluids, etc.
- Be exposed to foul odors
- Be exposed to drugs, chemicals, and radiographs that can be potentially harmful
- Be exposed to weather conditions while doing outdoor tasks
- Be exposed to veterinary surgical procedures

APPLICANT'S STATEMENT

- I certify the answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 6 months.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.
- I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date