



Application for Employment

An equal opportunity employer: We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Position Desired: _____

Availability: Part Time Full Time Volunteer Specific days: _____

Are there any known dates that you need to request off? _____

WORK HISTORY (MOST RECENT FIRST)

Employer: _____ Dates Employed: _____ to _____
Address: _____ Job description: _____
Salary: _____ Hours per week: _____ Reason for leaving: _____

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EDUCATION

High School: _____ Graduation date: _____
College/Technical School: _____ Graduation date: _____
Additional School: _____ Graduation date: _____

REFERENCES (OTHER THAN FAMILY MEMBERS)

Name: _____ Phone #: _____ Relationship: _____
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APPLICANT QUESTIONNAIRE

Are you 18 years of age or older?

Yes No

Do you use drugs?

Yes No

Have you ever been convicted of a felony?

An answer "yes" does not automatically disqualify you from employment.

Yes No

Have you ever worked for a veterinarian before?

Yes No

Have you previously applied here?

Yes, if so when? _____ No

Do you enjoy meeting the public?

Yes No

Are you willing to do your share of weekend duty?

Yes No

If hired, can you furnish proof you are eligible to work in the US?

Yes No

Do you own any pets?

Yes No Please list: _____

Why do you want to work for Genito Animal Hospital? _____

Why should you be selected for the next available position? _____

CERTIFICATIONS STATEMENT:

This application does not constitute a written employment agreement. In the event that the applicant agrees to accept a position with Genito Animal Hospital, the applicant agrees that the employment relationship between the company and employee is an at-will relationship and that at the choice of the company or the employee, can be terminated, with or without cause, and with or without notice, at any time.

I certify that the information contained in this application is correct. If Genito Animal Hospital determines that any of the information submitted in this application is false, I shall be immediately disqualified from employment and/or discharged from employment in accordance with company policy. I hereby grant permission to Genito Animal Hospital to investigate the information contained in this application & release the company & other persons acting on behalf of the company from any & all liability relating to the investigation of the information in this application.

SIGNATURE OF APPLICANT: _____ **DATE:** _____