

Application for Employment

Basic Information

	empleted in full to be	e considered for employn	Today's Date:		
Name					
	Last	First	Middle	Ma	aiden
Present address					
	Number	Street	City	State	Zip
How long have you live	d at this address?	·			
Telephone: ()					
f under 18, please list a	ge:				
Position applied for: _			Days/hours available	to work	
Desired Salary:			No Pref Mon Tue Wed	Sat	_
How many hours can yo	ou work weekly?		Can you work nigh	ts?	
Employment desired	□FULL-TIME	ONLY □PART-	TIME ONLY □FUL	L- OR PART-TI	ME
-	444				
wnen are vou available	to start:				
			hich you are applying with or	without reasonah	le accommodatio
	the essential job fund	ctions of the position for w	hich you are applying with or	without reasonab	le accommodation
Are you able to perform	the essential job fund			without reasonab	le accommodation
Are you able to perform Yes: No:	the essential job fund	ctions of the position for w		without reasonab	le accommodation
Are you able to perform Yes: No:	the essential job fund	ctions of the position for w			le accommodation
Are you able to perform Yes: No: Education TYPE OF SCHOOL	the essential job fund	ctions of the position for w	NUMBER OF YEARS		
Are you able to perform Yes: No: Education TYPE OF SCHOOL High School	the essential job fund	ctions of the position for w	NUMBER OF YEARS		
Are you able to perform Yes: No: Education TYPE OF SCHOOL High School College	the essential job fund	ctions of the position for w	NUMBER OF YEARS		
Are you able to perform Yes: No: Education TYPE OF SCHOOL High School College Bus. or Trade School	the essential job fund	ctions of the position for w	NUMBER OF YEARS		
Are you able to perform Yes: No: Education	the essential job fund	ctions of the position for w	NUMBER OF YEARS		

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General Skills

Typing Personal Computer	☐ Yes☐ No☐ Yes☐ No	PC Mac	WPM	10-key	☐ Yes ☐ No OtherSkills	Word Processing	☐ Yes ☐ No	WPM
Personal	References	S						
Please list tw	o references ot	her than re	elatives or previou	us employers.				
Name					Name			
Position					Position			
Company _					Company			
Address					Address			
Telephone	()				Telephone	<u>(</u>		
						nmarize a complete bas for the specific pos		

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Work History and Military Duty

MILITARY HAVE YOU EVER BEEN IN THE ARMED FORCES?	vvoik instory and winitary Duty			
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Specialty	MILI	TARY		
Specialty Date Entered Discharge Date	HAVE YOU EVER BEEN IN THE ARMED FORCES?	☐ Yes ☐ No		
Name of employer: Address: Name of last supervisor From: Start: Final:	ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	□ Yes □	No	
Name of employer: Address: Start: To: Final:	Specialty Date En	ntered	Discharge Date	
Name of employer: Address: Start: To: Final:				
Address: City, State, Zip Code: Phone number: Reason for leaving (be specific): List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Name of employer: Address: City, State, Zip Code: Phone number: Name of last supervisor Name of last supervisor Name of last supervisor From: From: Start: To: From: To: Final: Your Last Job Title: Reason for leaving (be specific):				
Phone number: Reason for leaving (be specific): List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Name of employer: Address: City, State, Zip Code: Phone number: Name of last supervisor Name of last supervisor From: To: Final: Your Last Job Title: Reason for leaving (be specific):			Employment dates	Pay or salary
Reason for leaving (be specific): List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Name of employer: Address: City, State, Zip Code: Phone number: Reason for leaving (be specific): Reason for leaving (be specific):			From:	Start:
Reason for leaving (be specific): List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Name of employer: Address: City, State, Zip Code: Phone number: Name of last supervisor From: To: From: To: Final: Your Last Job Title: Reason for leaving (be specific):			To:	Final:
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Name of employer: Address: City, State, Zip Code: Phone number: Name of last supervisor From: To: Final: Your Last Job Title: Reason for leaving (be specific):		Your last job title:		
Name of employer: Address: City, State, Zip Code: Phone number: Name of last supervisor From: To: Final: Your Last Job Title: Reason for leaving (be specific):	Reason for leaving (be specific):			
Address: City, State, Zip Code: Phone number: Start: To: Final: Your Last Job Title: Reason for leaving (be specific):				
Phone number: To: Start: To: Final: Your Last Job Title:			Employment dates	Pay or salary
To: Final: Your Last Job Title: Reason for leaving (be specific):			From:	Start:
Reason for leaving (be specific):	Those number.		To:	Final:
		Your Last Job Title:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	Reason for leaving (be specific):			
	List the jobs you held, duties performed, skills used or learned, advan	ncements or promotions	while you worked at this	s company.

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experience Please list your work experience If you were self-employed,				f necessary.		
Name of employer: Address:			Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code: Phone number:				From:	Start:	
Those number.				To:	Final:	
			Your last job title:			
Reason for leaving (be specific):						
List the jobs you held, duties performed, skills	used or learne	ed, advan	cements or promotions	s while you worked at thi	s company.	
Name of employer: Address:			Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code: Phone number:				From:	Start:	
Those number.				To:	Final:	
			Your last job title:			
Reason for leaving (be specific):						
List the jobs you held, duties performed, skills	used or learne	ed, advand	cements or promotions	s while you worked at thi	s company.	
May we contact your present employer? Did you complete this application yourself If not, who did?		□ No				

Print Name: Former Name(s) and Dates Used: Current Address: _ Previous Address: __ Driver's License Number/State: _____ Social Security Number: - -Date of Birth: Telephone Number: The information contained in this application is correct to the best of my knowledge. In exchange for the consideration of my job application by Pet Doctor 911/Animal Medical Center (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Pet Doctor 911/Animal Medical Center, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Pet Doctor 911/Animal Medical Center may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. I hereby authorize Pet Doctor 911/Animal Medical Center and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party. I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Pet Doctor 911/Animal Medical Center or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Pet Doctor 911/Animal Medical Center and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth. Date: ___ Signature of applicant:

Background Check Authorization

Thank you for completing this application form and for your interest in our business.

911/Animal Medical Center depends solely on your qualifications.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with Pet Doctor