

Animal Medical Center

Application for Employment

It is the policy of this hospital to treat all applicants and employees equally without regard to race, religion, age, color, ancestry, sex, national origin, veteran status or handicap.

Your application will be reviewed and remain active for 90 days. If you have not been contacted after 90 days, you will need to complete another application in order to be considered for employment.

Thank you for your interest in our company.

General Information

Full Name _____ Date _____

Last	First	Middle		
Address _____				
Street	City	State	Zip	code

Phone Number (____) _____ Date Available for Work _____

Social Security Number _____ DL # _____

E-Mail

Address _____

Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986? Yes No

Are you older than 18? Yes No

Position Information

What position are you applying for?

What is the minimum salary you expect to receive? Please be specific. An answer of "open" or negotiable" is unacceptable.

Applying for: Full Time (35 + hours per week) Part time (less than 35 hours per week)

Please specify days and hours available for work.

Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

(Inability to work certain days/hours, will not necessarily disqualify you from employment)

Date available to begin work?

Are you employed at the present time? yes no Where?

Do you have applications pending at other animal hospitals in this area? yes no

Do you have any allergies? yes no Please list

Does the sight of blood, stool or vomitus bother you? yes no

Do you have any pets? yes no. Please list all pets

Education

Name and location of High School attended _____

Did you graduate? yes no

Did you earn a GED? Yes No

Name and location of College or Technical schools attended _____

Did you graduate? yes no Number of years attended? _____ Major _____

If you are still in college, what year are you in? _____

Do you plan to continue your education? yes no. In what area? _____

Credentials and Special Skills

Do you have practical experience and/or training in any of the following areas?

Computer/Data processing yes no How long? _____

Sales yes no How long? _____

Typing/Word processing yes no How long? _____

Accounting/Bookkeeping yes no How long? _____

Veterinary Medicine yes no **How long?**

Other _____

List any professional or technical licenses:

References

Please list the names, addresses and phone numbers of three individuals (not relatives or employers) who are familiar with your work history.

1. _____

2. _____

3. _____

Employment Record

List all employment experience for the past 5 years, starting with the most recent or present employer. If necessary, attach a separate sheet of paper with additional employment information.

Employer _____

Address

Nature of business

Phone (____) _____ Supervisor

**Job title and
duties** _____

Length of employment: From _____ to _____ Hours per week _____ Last salary

**Reason for
leaving** _____

Employer _____
Address

Nature of business

Phone (____) _____ **Supervisor**

Job title and duties

Length of employment: From _____ **to** _____ **Hours per week** _____ **Last salary**

Reason for leaving

Employer _____
Address

Nature of business

Phone (____) _____ **Supervisor**

Job title and duties -

Length of employment: From _____ **to** _____ **Hours per week** _____ **Last salary**

Reason for leaving

Employer _____
Address

Nature of business

Phone (____) _____ Supervisor

Job title and duties

Length of employment: From _____ to _____ Hours per week _____ Last salary _____

Reason for leaving

Background Information:

Since reaching 18, have you ever been convicted of a misdemeanor or felony?
(Convictions will not necessarily bar you from employment, but are reviewed as related to the relevancy of the job applied for) yes no. If yes, please explain.

May we contact your present employer? yes no.

Has notice been given to your present employer? Yes No

After a conditional offer of employment, do you authorize Animal Medical Center to conduct a background check? Yes No

Within the past five years, have you been discharged, suspended or asked to resign from any employer? yes no. If yes, explain..

Applicant's Comments

Please comment on how your prior education and experience qualify you for the type of employment you are seeking at the Animal Medical Center. Detail any past responsibilities and achievements. Note any special course work, honors, activities, hobbies, special projects, or any other data that will assist us in considering your

application for employment.

Please read carefully before signing

I hereby certify that the information given by me is true in all respects (including accompanying resume, if any). I authorize Animal Medical Center of Hattiesburg and their representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied, and release same from any liability resulting from the information obtained. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested. I understand that misrepresentations or omission of facts may result in refusal to hire or termination of employment if discovered at a later date.

In the event that I am employed, I understand that I must comply with all hospital policies and rules. I further understand that employment and compensation can be terminated with or without cause or notice, at any time, at the option of Animal Medical Center. This application is not a contract of employment between the applicant and Animal Medical Center of Hattiesburg.

My signature is evidence that I have read and agree with the above statements.

Applicant's Signature _____ Date
