

EMPLOYMENT APPLICATION

The Vet Clinic, Inc. is an Equal Opportunity Employer.

Read and answer all questions carefully and completely. All sections must be completed.

POSITION DATA

POSITION APPLIED FOR:

DATE AVAILABLE TO START:

SALARY REQUIREMENT:

ARE THERE ANY LIMITATIONS AS TO DAYS/HOURS YOU ARE ABLE TO WORK?

IF YES, PLEASE NOTE THE DAYS / HOURS YOU WOULD NOT BE ABLE TO WORK:

APPLICANT DATA

FULL NAME:

(LAST)

(FIRST)

(MIDDLE)

ADDRESS:

CITY:

STATE:

ZIP:

PHONE: ()

MOBILE/OTHER:

EMAIL:

IF YOU ARE UNDER THE AGE OF 18, WHAT IS YOUR AGE?

EDUCATION

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	YEARS COMPLETED	DID YOU GRADUATE?	MAJOR
HIGH SCHOOL				
COLLEGE				
OTHER (specify)				

PLEASE LIST ANY OTHER TRAINING, SKILLS, OR EXPERIENCE YOU MAY HAVE THAT QUALIFY YOU FOR THE POSITION

FOR WHICH YOU ARE APPLYING.

EMPLOYMENT HISTORY

HAVE YOU EVER WORKED FOR THE VET CLINIC, INC.?

YES NO

IF YES, WHEN?

PLEASE LIST EMPLOYMENT IN CHRONOLOGICAL ORDER WITH THE MOST RECENT POSITION HELD

PRESENT OR LAST EMPLOYER:	POSITION(S) HELD:
DATES OF EMPLOYMENT: FROM ___ / ___ / ___ TO ___ / ___ / ___	
ADDRESS:	PHONE: ()
NAME AND TITLE OF SUPERVISOR:	
STARTING SALARY / TITLE:	ENDING SALARY / TITLE:
BRIEFLY DESCRIBE DUTIES PERFORMED:	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PREVIOUS EMPLOYER:	POSITION(S) HELD:
DATES OF EMPLOYMENT: FROM ____ / ____ / ____	TO ____ / ____ / ____
ADDRESS:	PHONE: ()
NAME AND TITLE OF SUPERVISOR:	
STARTING SALARY / TITLE:	ENDING SALARY / TITLE:
BRIEFLY DESCRIBE DUTIES PERFORMED:	
REASON FOR LEAVING:	

PREVIOUS EMPLOYER:	POSITION(S) HELD:
DATES OF EMPLOYMENT: FROM ____ / ____ / ____	TO ____ / ____ / ____
ADDRESS:	PHONE: ()
NAME AND TITLE OF SUPERVISOR:	
STARTING SALARY / TITLE:	ENDING SALARY / TITLE:
BRIEFLY DESCRIBE DUTIES PERFORMED:	
REASON FOR LEAVING:	

PREVIOUS EMPLOYER:	POSITION(S) HELD:
DATES OF EMPLOYMENT: FROM ____ / ____ / ____	TO ____ / ____ / ____
ADDRESS:	PHONE: ()
NAME AND TITLE OF SUPERVISOR:	
STARTING SALARY / TITLE:	ENDING SALARY / TITLE:
BRIEFLY DESCRIBE DUTIES PERFORMED:	
REASON FOR LEAVING:	

GENERAL INFORMATION

SINCE THE AGE OF 18, HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

IF YES, PLEASE EXPLAIN

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

IF NOT, PLEASE INDICATE THE TYPE OF ALIEN CERTIFICATION YOU HAVE , AS REQUIRED FOR WORK BY FEDERAL LAW.

CONSENT AGREEMENT

1. I UNDERSTAND THAT THE VET CLINIC, INC. MAKES NO PROMISE OF EMPLOYMENT BY OFFERING THIS APPLICATION FORM OR BY ACCEPTING MY WRITTEN REPNSE.
2. I UNDERSTAND THAT NO REPRESENTATIVE OF THE VET CLINIC, INC. IS AUTHORIZED TO OFFER ME EMPLOYMENT WITH THE VET CLINIC, INC. EXCEPT IN WRITING. I WILL NOT MAKE OR CHANGE ANY PLANS BASED ON WHAT ANYONE HAS TOLD ME ORALLY.
3. I UNDERSTAND ANY EMPLOYMENT THE VET CLINIC, INC. MAY OFFER ME WILL BE TERMINABLE AT WILL. THIS MEANS I CAN QUIT AT ANY TIME. THIS ALSO MEANS THE VET CLINIC, INC. CAN TERMINATE ME AT ANY TIME, WITH OR WITHOUT CAUSE.
4. BY COMPLETING THIS APPLICATION AND SIGNING BELOW, I AUTHORIZE THE VET CLINIC, INC. TO SHARE THIS APPLICATION AND ITS CONTENTS WITH ITS EMPLOYEES AND ANY OUTSIDE AGENCIES OR REPRESENTATIVES IT DEEMS APPROPRIATE, IF THERE IS ANYONE I DO NOT WANT THE VET CLINIC, INC. TO CONTACT, I WILL EXPRESS THIS IN WRITING.

SIGNATURE

DATE

BACKGROUND REPORT

I HEREBY ACKNOWLEDGE AND AUTHORIZE, AS PART OF THE PRE-EMPLOYMENT PROCESS, THE VET CLINIC, INC., TO OBTAIN ONE OR MORE CONSUMER REPORTS, INVESTIGATIVE REPORTS AND/OR MORE CRIMINAL BACKGROUND REPORTS OF CONVICTIONS. I UNDERSTAND THAT EXAMPLES OF AN INVESTIGATIVE REPORT INCLUDE A DRIVING RECORD REPORT AND A CRIMINAL BACKGROUND CHECK. I UNDERSTAND THAT THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR OF EMPLOYMENT BUT WILL BE CONSIDERED IN RELATION TO JOB REQUIREMENTS.

SIGNATURE

DATE

DRUG SCREENING

I UNDERSTAND AND ACCEPT THAT AS A PART OF THE EMPLOYMENT PROCESS AND/OR DURING EMPLOYMENT WITH THE VET CLINIC, I WILL BE ASKED TO SUBMIT TO TESTING FOR ILLEGAL DRUGS. I FURTHER UNDERSTAND THAT IF A DETECTABLE PRESENCE OF ILLEGAL DRUG(S) ARE REVEALED AS A RESULT OF THE SCREENING PROCEDURES, I WILL BE DISQUALIFIED FROM FURTHER EMPLOYMENT OR CONSIDERATION FOR EMPLOYMENT.

SIGNATURE

DATE

EUTHANASIA

I UNDERSTAND AND ACCEPT THAT THE VET CLINIC, INC. PERFORMS EUTHANASIA WHEN REQUESTED BY A CLIENT OR WHEN OTHER OPTIONS HAVE BEEN EXHAUSTED. EUTHANASIA IS THE ACT OF PUTTING AN ANIMAL TO DEATH OR ALLOWING IT TO DIE AS BY WITHHOLDING EXTREME MEDICAL MEASURES.

SIGNATURE

DATE

BY SIGNING BELOW I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND THAT I HAVE NOT OMITTED ANYTHING THAT MIGHT BE IMPORTANT TO THE VET CLINIC, INC. IN DECIDING WHETHER TO HIRE ME. I UNDERSTAND THAT FAILURE TO DISCLOSE A COMPLETE EMPLOYMENT HISTORY OR MAKING ANY FALSE STATEMENTS IS SUFFICIENT GROUNDS FOR THE VET CLINIC, INC. TO REJECT THIS APPLICATION OR TERMINATE MY EMPLOYMENT, SHOULD I BE HIRED.

I HEREBY RELEASE EMPLOYERS, SCHOOLS OR INDIVIDUALS FROM ALL LIABILITY WHEN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.

SIGNATURE

DATE