**Adair County Animal Hospital** 

**& Laser Surgery Center**

**APPLICATION FOR EMPLOYMENT**

(Please Print Clearly)

| **An Equal Opportunity Employer**  Our practice does not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, disability, or any other applicable law or regulation. It is our intent that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last First Middle  Present Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No. Street City State Zip  Position Applied For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employment You Are Seeking ☐ Full-Time ☐ Part-Time Specify Days and Hours if Part-Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Were you previously employed here? \_\_\_\_\_ If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List any friends or relatives working here, other than spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name(s)  If your application is considered favorably, on what date will you be available for work? \_\_\_/\_\_\_ / 20 \_\_\_  Are there any other work experiences, skills, or qualifications that you feel would especially qualify you for employment here? Please add any additional comments you think are important for us to consider. Use an additional sheet of paper if necessary:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If hired, can you furnish proof that you are eligible to work in the United States? ☐ Yes ☐ No  Have you ever been convicted of a felony? ☐ Yes ☐ No  A ‘yes’ answer does not automatically disqualify you from employment since the offense, date, and the job for which you are applying will be considered.  If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you previously applied here? ☐ Yes ☐ No  If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you ever worked for any entity under a different name? ☐ Yes ☐ No  If yes, give name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you are applying for a position with minimum age requirements, you may be required to submit proof of age.  For jobs with minimum age requirements: Are you 18 years of age or older? ☐ Yes ☐ No |
| --- |

**Personal References** (Not former employers or relatives)

| **Name & Occupation** | **Address** | **Phone** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Education Record** (Non-Veterinarians Only)

| **Name of School** | **Years Completed** | **Degree Awarded** | **GPA** | **Honors** |
| --- | --- | --- | --- | --- |
| High School |  |  |  |  |
| College/University |  |  |  |  |
| Business/Trade/Correspondence/Night School |  |  |  |  |
| Other |  |  |  |  |
| Do you type? ☐ Yes ☐ No If yes, \_\_\_\_\_\_ WPM  List any office machines, computers, and software you are qualified to operate | | | | |
| List any special honors, recognitions, awards | | | | |

**Education Record** (Veterinarians Only)

| **Name of School** | **Years Completed** | **Degree Awarded** | **GPA** | **Honors** |
| --- | --- | --- | --- | --- |
| High School |  |  |  |  |
| College/University (Pre Veterinary) |  |  |  |  |
| College (Veterinary Curriculum) |  |  |  |  |
| Postgraduate Training (including internships, dates, and degrees awarded, if any) | | | | |
| Are you board-certified? ☐ Board eligible ☐ Which specialty? | | | | |
| List any continuing education (CE) courses completed in the past 18 months | | | | |
| List any states in which you are licensed to practice along with license numbers | | | | |
| List any special honors, recognitions, awards | | | | |

**Work History**

*(Beginning with the most recent, list all past employers, including any pertinent military experience. If self-employed, provide business name and business references. A job offer may be contingent upon acceptable references).*

| Name of Company | Business Address  City State | Phone |
| --- | --- | --- |
| Type of Business | Supervisor Name | Dates Employed  From \_\_/\_\_/\_\_ To \_\_/\_\_/\_\_ |
| Exact Job Title | Earnings at Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  At Termination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Reason for Termination |
| Description of Duties | | |

| Name of Company | Business Address  City State | Phone |
| --- | --- | --- |
| Type of Business | Supervisor Name | Dates Employed  From \_\_/\_\_/\_\_ To \_\_/\_\_/\_\_ |
| Exact Job Title | Earnings at Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  At Termination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Reason for Termination |
| Description of Duties | | |

| Name of Company | Business Address  City State | Phone |
| --- | --- | --- |
| Type of Business | Supervisor Name | Dates Employed  From \_\_/\_\_/\_\_ To \_\_/\_\_/\_\_ |
| Exact Job Title | Earnings at Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  At Termination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Reason for Termination |
| Description of Duties | | |

| Name of Company | Business Address  City State | Phone |
| --- | --- | --- |
| Type of Business | Supervisor Name | Dates Employed  From \_\_/\_\_/\_\_ To \_\_/\_\_/\_\_ |
| Exact Job Title | Earnings at Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  At Termination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Reason for Termination |
| Description of Duties | | |

**Certification**

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass an alcohol/drug screening examination: I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required and if permitted by law. I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any and all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT OR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRACTICE MANAGER OR OWNER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY SUCH PERSON AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE. I have read, understood, and by my signature, consent to these statements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date