

APPLICATION FOR EMPLOYMENT

What position are you applying for? _____ Date _____

First Name _____ Middle _____ Last Name _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Alternate Phone _____

Can you, after employment, submit verification of your legal right to work in the United States? _____

Are you 18 years of age or older? _____

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Check time willing to work: Days Evenings Full-time Part-time Weekends

What, if any, schedule restrictions do you have? _____

If offered employment, when can you start? _____

Salary requirement: _____

Can your future vacations be arranged at office convenience? Yes No

Explain (if no) _____

Do you have any physical condition or are you taking any medications that could limit your ability to perform the job you have applied for *and/or* be aggravated by the job you have applied for? No Yes

Explain (if yes) _____

Have you ever been convicted of a felony? No Yes

Explain (if yes) _____
(a conviction will not necessarily be a bar to employment)

If you are bilingual, what languages do you: speak _____ read _____ write _____

EDUCATION HISTORY

Last High School Attended _____ location _____ last grade completed _____

College or Trade School _____ Major _____ Degree/Certificate _____ dates attended _____

College or Trade School _____ Major _____ Degree/Certificate _____ dates attended _____

CERTIFICATES/LICENSES

Certificate or license	Licensee #	State Issued	Date Earned

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Are all certifications current? Yes No

EMPLOYMENT HISTORY

List present or most recent position first. Cover last 3 employers, including periods of self-employment, or unemployment. Fill in all information. **Do not substitute with resume.**

Name of employer	Supervisor's name	Title

Address	phone #	Your position

Describe major duties of position

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Employed from/to:	Salary or wages beginning/final:	last name at time of employment

May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, reason)	Specific reason for leaving

Name of employer	Supervisor's name	Title

Address	phone #	Your position

Describe major duties of position

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May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, reason)	Specific reason for leaving

CHARACTER REFERENCES (other than relatives and past employers)

Name	telephone	address

Name	telephone	address

Name	telephone	address

GENERAL AGREEMENT

I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment. I understand that all offers of employment are conditioned on my legal authority to work in the United States. In consideration of my employment, I agree to conform to the rules and standards of the practice, as amended from time to time in its discretion.

AUTHORIZATION TO CHECK REFERENCES

I hereby certify that the information contained in the application form is true and correct to the best of my knowledge and agree to have any of the statements check unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals who you may contact provide any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that my result from furnishing such information as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives.

AT-WILL EMPLOYMENT RELATIONSHIP

I agree that my employment can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the employer. I understand that no employee or representative of the practice, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the owner of the practice may not alter the at-will nature of the employment relationship unless it is done specifically and in writing that is signed.

Applicant signature	date

Please complete the following information in your own handwriting. Please do not print. Please give detailed responses.

1. Describe the responsibilities on your present or last job.

2. What specific aspects of your education or experience do you consider to be beneficial to this position?

3. Why are you seeking employment with Veterinary Specialty Center?

EXPERIENCE AND SKILLS

Please check only those tasks that you are capable of performing in a work environment without training

OFFICE SKILLS

- Appointment Scheduling Charting Fee Presentation Multi-line phones
 Computer Typing (_____ words per minute) Veterinary Software: _____

If you are bilingual, what languages do you speak _____ read _____ write _____

Other Skills:

DISCLOSURE TO OBTAIN BACKGROUND INFORMATION

To the Employment Applicant:

This is to inform you that as part of **Veterinary Specialty Center's** procedure for processing your employment application, and/or in the event that you become employed, at any time while you are employed, **Veterinary Specialty Center** may obtain from a consumer reporting agency a consumer report or an investigative consumer report containing financial and other information about you. **Veterinary Specialty Center** may obtain one or more consumer reports regarding you from one or more consumer agencies and may use the report(s) for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee. A "consumer report" is a communication of information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. An "investigative consumer report" may include information as to your character, general reputation, personal characteristics and mode of living, and this information may be obtained through personal interviews with your neighbors, friends, or associates or from others with whom you are acquainted or who may have knowledge concerning such items of information.

Veterinary Specialty Center complies with the Fair Credit Reporting Act (and applicable state law), which provides prospective or current employees with rights regarding consumer reports and place specific obligations on employers who obtain such reports.

Veterinary Specialty Center will not obtain either a consumer report or an investigative consumer report without your signed authorization.

AUTHORIZATION TO PROCURE BACKGROUND INFORMATION

In connection with my application for employment with **Veterinary Specialty Center** and/or consideration for continuing employment, I understand that a consumer report or an investigative consumer report may be obtained by **Veterinary Specialty Center** from one or more consumer reporting agencies ("Agency"). A "consumer report" may contain information bearing on my character, general reputation, personal characteristics, mode of living, credit worthiness, credit standing, or credit capacity. An "investigative consumer report" is a consumer report which includes information obtained through personal interviews with my neighbors, friends, or associates, or others with whom I am acquainted or who may have knowledge concerning any such items of information.

I further understand that **Veterinary Specialty Center** may not request a consumer report from an Agency, nor may the Agency give out information about me, without my prior written consent. It is also understood that the Agency may not report medical information about me to **Veterinary Specialty Center** without my prior specific consent as to the release of such information, which is in addition to my general authorizations herein.

I hereby authorize **Veterinary Specialty Center** to order a consumer report or investigative consumer report containing financial and other information about me from a consumer reporting agency as part of its investigation into my application for employment or at any time while I am employed by **Veterinary Specialty Center**. This authorization does not include the release of medical information.

Additionally, I hereby acknowledge that I have read the above Disclosure to Obtain Background Information Statement and have understood it.

Name: _____

Signature: _____

Date: _____