



Application for Employment

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including, but not limited to, race, age, color, religion, sex, national origin, citizenship, ancestry, physical or mental disability, veteran status or any other basis recognized by federal, state or local law.

Date: ____/____/____

PERSONAL BACKGROUND

Name: _____ Social Security #: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Referred by: _____

Position Applying for: _____ Date you can start: ____/____/____

Full Time Part Time Specify Hours: _____ Salary Desired: _____

Is there any reason we may not inquire of your present employer or prior employers? If yes, please explain:

Have you ever applied to **Brookside Veterinary Clinic** before? _____ When: _____

Are you willing to work overtime? Yes No

If driving is a requirement of the job for which you are applying, do you have a valid driver's license? Yes No

If you are a minor, can you produce the work certificate necessary to obtain employment? Yes No

Are you able, at the time of employment, to submit verification of your legal right to work in the US? Yes No
(Verification and completion of Form 1-9 must be submitted no later than three business days after Date of hire.)

Have you ever been convicted of a felony which is substantially related to the functions or qualifications of the position(s) for which you are applying? Yes No

Note: This question does not apply to convictions which have been expunged, sealed, pardoned or otherwise exonerated or eradicated. (A conviction record will not necessarily be a bar to employment.)

If yes, please describe fully the criminal conviction(s), listing the nature of the offense(s) and your rehabilitation since the conviction(s). _____

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
High School	Name: _____	9 10 11 12 GED	_____
	_____		_____
	_____		_____
College	Name: _____	1 2 3 4	_____
	_____		_____
	_____		_____
Trade, Business or Graduate School	Name: _____		_____
	_____		_____
	_____		_____

Specialized technical skills (e.g. computer software, programming, equipment operation, special tools or machines).

WORK EXPERIENCE

Please list below your last four employers, starting with your present or last place of employment. You may include any verifiable work performed on a volunteer basis, internship, or military service.

Date Mo./Yr.	Name, Address & Phone of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					
Fr.					
To					
Fr.					
To					
Fr.					
To					

REFERENCES

Please give the names of three additional work-related references whom we may call. Please do not list relatives. Individuals with no prior work experience may list school or volunteer-related references.

Name	Company	Phone Number
1. _____	_____	(____) _____
2. _____	_____	(____) _____
3. _____	_____	(____) _____

APPLICANT CERTIFICATION – PLEASE READ CAREFULLY

I understand that this application is not a contract, offer or promise of employment. I acknowledge that employment with the company is on an employment at will basis. This means that my employment with the company can be terminated at any time, with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly I am free to terminate my employment with the company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by the company's owner and me.

I further understand that I am responsible for being familiar with the Company's policies, rules and regulations, and I understand that the company has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state and local law, except that it will not modify its policy of employment at will. By my continued employment with the Company, I consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form or relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I hereby authorize the company or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state or local law and I agree to complete any requisite authorization forms.* I release all parties from any liability arising out of this provision and the use of such information.

Applicant's Signature _____ Date: ____/____/____

* Federal law requires a separate release form when obtaining Consumer Credit Reports.