

Rock Bridge Animal Hospital, PC

Application for Employment

Please fill in each blank in your own handwriting.
If not possible, see company representative for assistance

Please use pen.

Personal

Date: _____

Name (first middle last): _____

Maiden name: (if used for prior employment): _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Are you authorized to work in the United States: Yes No

Within the past, have you ever been convicted of a felony, or within the past two years of any misdemeanor?
(Do not include any traffic violations, juvenile offenses or military convictions, except by general court martial.
Conviction doesn't automatically remove you from consideration for employment.) Yes No

*If the answer is yes, furnish details of conviction, offence, location, date and sentence.

Are you currently using illegal drugs? Yes No

Employment position

Position desired: First choice _____ Second Choice _____

Date available for employment: _____ Prefer full /part time _____ Salary _____

Have you ever applied for work with us before? Yes No If yes, when _____

Have you even been in our employ? Yes No

Who referred you to us? _____

- We are an equal employment opportunity employer in accordance with applicable local, state and federal law.

Type of school	Name and Location	Graduate		Grade Point average	Degree received	Major Minor
		Yes	No			
High School				/	/	/
College or University				out of		
College or University				out of		
Graduate School				out of		
Other				out of		

Name:

May we have permission to contact: Present Supervisor [] Yes [] No
Past Supervisors listed below [] Yes [] No
References listed on below [] Yes [] No

If more space is necessary for employment, please attach additional sheets.

Please note: Application materials are not complete without applicant's signature on end page.

Employment History

Employer (In order most recent first)	Address	Month – Year employed	Annual Salary	Name of last supervisors(s)	Reason for leaving
1.		Start	Start		
		End	End	Phone:	

Details of Responsibilities: _____

Is this your present employer? [] Yes [] No (If yes, this employer will not be contacted without your permission – see below)

2.		Start	Start		
		End	End	Phone:	

Details of Responsibilities: _____

3.		Start	Start		
		End	End	Phone:	

Details of Responsibilities: _____

Name:

Employment History Continued

Employer (In order most recent first)	Address	Month – Year employed	Annual Salary	Name of last supervisors(s)	Reason for leaving
4.		Start	Start		
		End	End	Phone:	
Details of Responsibilities: _____ _____ _____					

All applicants: List business and professional references, other than relatives, who know you well.

Name	Business Address	Phone	Occupation	Years known

Is there anything else you would like to tell us about yourself?

CONDITIONS OF EMPLOYMENT AT ROCK BRIDGE ANIMAL HOSPITAL, PC
 (Herein Referred To As “the Company”)

“I certify that the information on this and any other employment form is true to the best of my knowledge and belief. I fully understand that any offer I *may* receive is contingent upon my passing a drug and alcohol test.

I agree to sign and comply with the Company Employee Agreement.

I authorize the Company to inquire of any and all persons, other than my present employer (unless I grant permission), as to my character, ability and history (such as academic, credit and criminal) and as to statements contained within the employment application and hereby release from all liability or damage the Company and those persons who provide such information to the Company. Furthermore, I understand that misrepresentation or omission of facts in this application or any other employment form is cause for its cancellation or for immediate termination of employment in the event I am subsequently employed by the Company.

I understand that, if an offer of employment is made, I must comply with the Immigration Reform and Control Act of 1986, as amended, by submitting documents that verify my identity and authorization for employment in the United States.

I understand and acknowledge that acceptance of the employment application is not an express or implied promise by the Company to offer employment to me. If I am subsequently employed by the Company, my employment may be terminated with or without cause and with or without notice, at any time, at the option of either the Company or myself. This policy cannot be changed except by a writing signed by myself and an officer of the Company.”

Signature: _____ Date: _____