



CRITTER CARE ANIMAL HOSPITAL

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position Applied for	Date of application
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How Did You Learn About Us?						
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative					
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend					
	<input type="checkbox"/> Inquiry					
	<input type="checkbox"/> Other _____					
Last Name	First Name	Middle Name				
Address	Number	Street	City	State	Zip Code	
Telephone Number(s)			Social Security Number			
If you are under 18 years of age, can you provide required proof of you eligibility to work?.....					YES	NO
Have you ever filed an application with us before?.....					YES	NO
If Yes, give date_____						
Have you ever been employed with us before?.....					YES	NO
If Yes, give date_____						
Do any of your friends or relatives, other than spouse, work here?.....					YES	NO
Are you currently employed?.....					YES	NO
May we contact your present employer?.....					YES	NO
Are you a U.S. citizen?.....					YES	NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status.....					YES	NO
Proof of citizenship or immigration status will be required upon employment						
Date available for work___/___/___		What is your desired salary range? _____				
Are you available to work: <input type="checkbox"/> FULL-TIME						
<input type="checkbox"/> PART-TIME (please indicate Mornings Afternoon Evenings)						
<input type="checkbox"/> TEMPORARY (please indicate dates available___/___/___ - ___/___/___)						
Are you currently on "lay-off" status and subject to recall?.....					YES	NO
Can you travel if a job requires it?.....					YES	NO
Do you have access to a car?.....					YES	NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and address Of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

OTHER Qualifications

WORK EXPERIENCE

Provide a complete description. **BE SPECIFIC: Start with your most recent job. For part-time work, show the average number of hours per month. Indicate any changes in job title under the same employer as a separate position.**

EMPLOYER	KIND OF BUSINESS	STREET ADDRESS
YOUR TITLE	REASON FOR LEAVING	CITY, STATE, ZIP CODE
YOUR DUTIES: NAME OF SUPERVISOR		
		TOTAL TIME EMPLOYED (INCLUDE MONTH & YEAR) FROM: TO: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME RATE OF PAY (NOTE HOURLY OR MONTHLY) BEGINNING ENDING

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Have you ever been convicted of a criminal offense?

- YES
- NO

If yes, please list change(s) _____

Where

convicted _____ Date _____ Disposition/Status _____

Have you ever been terminated or forced to resign from any job?

- YES
- NO

If yes, explain _____

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

- Computer skills
- Microsoft word
- Excel
- Word Processing

- Spreadsheet
- Quicken
- Other (list) _____

State any additional information you feel may be helpful to us in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ YES _____ NO

REFERENCES:

1. _____ () _____
Name phone #

Address
2. _____ () _____
Name phone #

Address

APPLICANT'S STATEMENT

1. I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this Company. I have read and understand and agree to the above statement, (Please Initial). _____
2. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. (Please Initial). _____
3. I understand, that I am required to abide by all rules and regulations of the employer. (Please Initial). _____
4. I understand that this application will remain on file for 60 days for consideration. After 60 days, if I am still interested in a position with this Company, it will be necessary for me to complete a new application form. (Please Initial). _____

SIGN HERE _____ DATE: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview YES _____ NO _____

Remarks _____

Interviewer

Date

Employed YES _____ NO _____ Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name and title

Date

Citizenship Forms or Documents

Date received/Initial

- Social Security card _____
- Green card (Lawful Permanent Resident card) _____

Work Related Documents

- License (Dentist, DA, hygiene, etc) _____
- DEA _____
- CPR card _____
- Texas Controlled Substances Registration
Certificate _____
- Malpractice Insurance _____
- X-Ray certification _____
- Infection Control Certification _____
- Jurisprudence certification _____
- Driver's License _____
- Other, please specify _____

