

**Hillside Animal Clinic, Inc.
Employment Application Form**

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

Please mail completed application to:
Hillside Animal Clinic, Inc.
4745 Paoli Pike, Floyds Knobs, IN 47119
or fax application to:
(812) 923-8108

OFFICE USE ONLY:
Date received:
Reviewed by:

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at current address _____ Social Security No. _____ - _____ - _____

Telephone (____) _____ E-Mail Address: _____

Are you under age 18 ____YES ____NO, if "YES", can you provide proof of your eligibility to work? ____YES ____NO

Are you currently authorized to work in the United States? ____YES ____NO. Proof of eligibility will be required if hired.

Position applied for (1) _____ Days/hours available to work
and wage desired (2) _____
(Be specific) No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? No Yes A Conviction record will not necessarily disqualify you from employment.

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

**OFFICE
POSITIONS ONLY**

Typing	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	Word	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	_____ WPM	10-key	Processing	<input type="checkbox"/> No
					_____ WPM
Personal	<input type="checkbox"/> Yes	PC	<input type="checkbox"/>	Other	_____
Computer	<input type="checkbox"/> No	Mac	<input type="checkbox"/>	Skills	_____

Please list two references other than relatives.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience, and other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past seven years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

Please indicate if you are unable to perform any essential functions of a job for which you have applied at his clinic:
 ____ Yes ____ No. if you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by Hillside Animal Clinic, Inc., (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and Hillside Animal Clinic, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. _____ **(initials)**

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact. _____ **(initials)**

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. _____ **(initials)**

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party. _____ **(initials)**

Signature of applicant _____ **Date:** _____

Hillside Animal Clinic, Inc., is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Hillside Animal Clinic, Inc. depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.