

Employment Application
Animal Medical Center
150 Sam Houston Jones Pkwy.
Lake Charles, La 70611
337-855-9065

Date: _____

Full Name: _____ Social Security #: _____

Previous or Maiden Names: _____ Driver's License #: _____

Current address: _____

Phone(s): _____

Birth date: _____

Position applying for: _____

Do you have a Vehicle? _____ In good working condition? _____

Part time: _____ Full time: _____

If part time, how many hours are you available to work? _____

Pay Rate expected: \$ _____/HR

Why do you want to work at an animal Clinic?

Do you use illegal drugs? _____

Would you agree to and pass a periodic routine drug tests? _____

Do you smoke? _____

Have you ever been terminated from a job for stealing or other criminal conduct? _____

Have you ever been convicted of a felony, or misdemeanor or are you presently/formally charges with committing any criminal offense? _____

(Do not include any traffic violations, juvenile offenses, military convictions, except by general court martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence.

In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? _____ If the answer is yes, furnish details.

What skills do you possess that would be beneficial to this job?

Education

High School: _____
Grade level completed? _____
GPA: _____
Year Graduated: _____

College: _____
How many years attended: _____
GPA: _____
Year graduated or last year attended: _____

Special courses or training: _____
Do you have any certifications, degrees, awards or special skills we should know about?

Please describe any other relevant experience (volunteer, animal related hobby)

Employment/Work Experience

List at least the last 7 years, including periods of self-employment or unemployment. Answer all questions here and throughout this employment application – *do not substitute with a resume.*
List present or most recent position first. Attach additional pages if needed.

Name of employer: _____
Address: _____
Phone: _____
Employed from: _____ to _____ Position(s) Held: _____
Supervisor's Name and Title: _____
Average # of hours worked per week: _____
Rate of pay: Starting _____ Ending _____
Your last name at time of employment: _____
Describe your duties: _____
Give specific reason(s) for leaving: _____
May we contact this employer: ___ yes ___ no

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Address: _____
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What are your career goals for the next 2 years? _____
What are your career goals for the next 5 years? _____

Do you own any pets? _____ If yes, Who is your current veterinarian? _____
Are all your pets up to date with all their routine recommended veterinary care? _____
Would you be willing to provide the Animal Clinic with a copy of your pet's veterinary records for review? _____

Reference #1: _____ Relationship: _____
Phone: _____ How long have they known you? _____
Reference #2: _____ Relationship: _____
Phone: _____ How long have they known you? _____
Reference #3: _____ Relationship: _____
Phone: _____ How long have they known you? _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ THE FOLLOWING AND SIGN BELOW

GENERAL AGREEMENT

If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

EMPLOYMENT RELATIONSHIP

If hired, I understand that employment with the practice is not for a specified term and can be terminated "At Will", with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. 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 employer may not alter the "At Will" nature of the employment relationship unless it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "At Will" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

AUTHORIZATION OF REFERENCE AND BACKGROUND CHECKING

All offers of employment are conditioned upon receipt of satisfactory responses to reference requests and background inquiries and exams. Unless I have otherwise indicated above. I authorize the references listed, as well as all other individuals who may be contacted, to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have.

Additionally, contingent upon a conditional offer of employment and as part of screening for the position for which I am applying, if required, I agree to take a physical exam, drug test, and/or authorize a background check which may include a review of criminal convictions, driving record and credit history. Further, I release all parties and persons from all liability for any damages that may result for furnishing the practice with such information as well as from the use of disclosure of such information by the employer or any of its agents, employees or representatives.

Applicant's signature: _____

Date: _____