

# Hidden Hills Animal Hospital

12134 Fort Caroline Road / Jacksonville, FL 32225

Phone (904)641-3384 Fax (904)641-9516



## APPLICATION FOR EMPLOYMENT

### GENERAL INFORMATION

NAME: \_\_\_\_\_ Date: \_\_\_\_\_  
                                LAST                                FIRST                                MIDDLE

CURRENT ADDRESS: \_\_\_\_\_  
                                                        STREET                                                        APT#                                                        CITY                                                        STATE                                                        ZIP CODE

PHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
                                HOME                                                        CELL

EMAIL: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

### POSITION DESIRED

POSITION: \_\_\_\_\_ REFERRED BY? \_\_\_\_\_

DATE YOU CAN START? \_\_\_\_\_ DESIRED PAY: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS POSITION? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED (IF YES, WHERE)? \_\_\_\_\_

IF SO, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER? [ ] YES [ ] NO PHONE #: \_\_\_\_\_

### EDUCATION

NAME AND LOCATION OF HIGH SCHOOL/COLLEGE	# OF YEARS ATTENDED	WHAT YEAR DID / WILL YOU GRADUATE?	SUBJECTS STUDIED

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST.)

DATE MONTH AND YEAR	NAME AND PHONE # OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

**REFERENCES:** GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE #	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

**PERSONAL QUESTIONS**

- 1) WHAT FOREIGN LANGUAGE DO YOU SPEAK FLUENTLY? \_\_\_\_\_
- 2) U.S. MILITARY OR NAVAL SERVICE? \_\_\_\_\_ RANK: \_\_\_\_\_  
PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? \_\_\_\_\_
- 3) ARE YOU LEGALLY ENTITLED TO WORK IN THE US? [ ] YES [ ] NO
- 4) ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR, WITH OR WITHOUT REASONABLE ACCOMMODATIONS? [ ] YES [ ] NO
- 5) IN CASE OF AN EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_
- 6) IF HIRED, CAN YOU FURNISH PROOF OF AGE? \_\_\_\_\_ AND PROOF OF CITIZENSHIP OF VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? \_\_\_\_\_
- 7) CAN YOU REFRAIN FROM SMOKING DURING WORKING HOURS? \_\_\_\_\_
- 8) ARE YOU ABLE TO TRAVEL TO SEMINARS? \_\_\_\_\_
- 9) COULD HOURS OF THIS JOB IMPOSE HARDSHIP? \_\_\_\_\_
- 10) ARE YOU ABLE TO WORK OVERTIME? \_\_\_\_\_
- 11) DO YOU HAVE COMMITMENTS AT HOME OR ELSEWHERE THAT WILL TAKE YOU AWAY FROM YOUR WORK? \_\_\_\_\_ IF SO EXPLAIN: \_\_\_\_\_
- 12) DO YOU HAVE ANY PETS? \_\_\_\_\_ IF SO WHAT? \_\_\_\_\_
- 13) HAVE YOU EVER WORKED AROUND ANIMALS? \_\_\_\_\_

14) SOMETIMES ANIMALS DIE OR ARE EUTHANIZED AT THE HOSPITAL. WOULD YOU FEEL COMFORTABLE PROVIDING EMOTIONAL SUPPORT TO CLIENTS WHO SUFFERED THE LOSS?

\_\_\_\_\_

15) TO BE HIRED FOR THIS POSTION YOU WILL BE REQUIRED TO HAVE A BACKGROUND CHECK AND POSSIBLY A DRUG TEST. (RANDOM DRUG TEST MAY ALSO BE GIVEN THROUGHOUT YOUR EMPLOYMENT HERE.) DO YOU AGREE TO THESE REQUIRMENTS? [ ] YES [ ] NO, IF NO PLEASE EXPLAIN: \_\_\_\_\_

\*\*\*\*\*IN YOUR OWN WORDS, WHY WOULD YOU LIKE TO GET THIS POSITION?\*\*\*\*\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE. I UNDERSTAND THAT, IF EMPLOYED, FALSE STATEMENTS REPORTED ON THIS APPLICATION MAY BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*IF YOU HAVE A RESUME YOU WOULD LIKE TO INCLUDE, PLEASE STAPLE IT TO THE BACK OF THE APPLICATION\*\*\*\*

INTERVIEWER'S COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_