

**APPLICATION FOR EMPLOYMENT**

**Notice:** Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (Not Applicable). Applications which are incomplete or illegible, may be rejected by Great Lakes Veterinary Clinic in its sole discretion. If space provided is insufficient for complete answers or you wish to furnish additional information, attach additional pages and number the answers to correspond with the questions.

**Position Applying For:** \_\_\_\_\_

**Applicant Information:**

**Name in Full (Last, First, Middle):** \_\_\_\_\_

**Other name(s) known by:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Are you at least 18 years of age?** \_\_\_\_\_

**Date you would be available to begin employment:** \_\_\_\_\_

**Have you ever been convicted of a crime?** \_\_\_\_\_

**If yes, please provide details:** \_\_\_\_\_

\_\_\_\_\_  
(Convictions are not an automatic bar to employment – Each case is considered on its merits)

**Education:**

**High School:** \_\_\_\_\_

**Number of Years Completed:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Major/Degree:** \_\_\_\_\_

**Technical College:** \_\_\_\_\_

**Number of Years Completed:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Major/Degree:** \_\_\_\_\_

**College:** \_\_\_\_\_

**Number of Years Completed:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Major/Degree:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Number of Years Completed:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Major/Degree:** \_\_\_\_\_

**Employment:**

List chronologically all employment in the past ten (10) years, including summer or part-time employment. If unemployed for a period, indicate such and provide dates of unemployment. Attach additional sheets, if necessary.

**Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Direct Supervisor:** \_\_\_\_\_

**Position/Duties:** \_\_\_\_\_

\_\_\_\_\_

**Dates:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Direct Supervisor:** \_\_\_\_\_

**Position/Duties:** \_\_\_\_\_

\_\_\_\_\_

**Dates:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Direct Supervisor:** \_\_\_\_\_

**Position/Duties:** \_\_\_\_\_

\_\_\_\_\_

**Dates:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Direct Supervisor:** \_\_\_\_\_

**Position/Duties:** \_\_\_\_\_

\_\_\_\_\_

**Dates:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**May we contact your previous and/or present employer(s)?** \_\_\_\_\_

**References:**

Give three (3) references (not relatives, or present employer).

**Name and Occupation:** \_\_\_\_\_  
**Number of Years Acquainted:** \_\_\_\_\_  
**How Acquainted:** \_\_\_\_\_  
**Contact Information:** \_\_\_\_\_

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**How Acquainted:** \_\_\_\_\_  
**Contact Information:** \_\_\_\_\_

**Miscellaneous:**

**Professional Licenses/Certificates:** \_\_\_\_\_  
\_\_\_\_\_

**Wage/Salary Desired:** \_\_\_\_\_

**Please indicate any accommodations you may need to participate in the selection process:**

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

**Application Form Consent/Waiver:**

Neither the acceptance of this application nor the subsequent entry into any 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 Employer practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Great Lakes Veterinary Clinic, 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 Practice Manager of Great Lakes Veterinary Clinic. Both the undersigned and Great Lakes Veterinary Clinic may end the employment relationship unilaterally at any time, without specified notice or reason. If employed, I understand that Great Lakes Veterinary Clinic may unilaterally change or revise its benefits, policies and procedures and such changes may include a reduction in benefits.

I authorize investigation of all statements contained in this Application. I understand that the misrepresentation or omission of information requested herein is cause for dismissal at any time without any previous notice. I hereby give Great Lakes Veterinary Clinic permission to contact any entity or individual identified herein (unless otherwise indicated) and hereby release Great Lakes Veterinary Clinic from any liability as a result of such contact.

I acknowledge that, in accordance with Federal law, I will be required to verify my identity and eligibility to work in the United States and to complete the required employment eligibility verification form if I am hired. By signing below, I certify the undersigned is the person named in this Application; I have read and made complete answers to each question; and my answers in each instance are true and correct and contain no misrepresentations, omissions or falsifications.

\_\_\_\_\_

Applicant

\_\_\_\_\_

Date