

## Employment Application

Please Print Clearly

*Franklin Falls Animal Clinic  
6835 E Southport Rd  
Indianapolis, In 46237*

*An Equal Opportunity Employer*

### Personal

Social security number: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

*Last*

*First*

*Middle*

Present address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Home*

*Cell*

Position applied for: \_\_\_\_\_ Rate of pay expected: \$ \_\_\_\_\_ hr/mo

Would you prefer: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Specify days and hours if part-time: \_\_\_\_\_

List any friends or relatives working here. \_\_\_\_\_

If hired, on what date will you be available for work? \_\_\_\_\_

List work experiences, skills, or qualifications that you feel would especially fit you for work here. Please add any additional comment you think are important for us to consider. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's license number \_\_\_\_\_

Have you had your driver's license revoked or suspended in the last 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If hired, can you furnish proof you are eligible to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" answer does not automatically disqualify you from employment since the nature of the offense, state, and the job for which you are applying will be considered.

If yes, please explain: \_\_\_\_\_

Personal References (not former employers or relatives)

<i>Name and occupation</i>	<i>Address</i>	<i>Phone number</i>

List Memberships, Hobbies, and Other Activities. List memberships in professional organizations, hobbies, clubs, sports, or other activities with which you have been involved. Also please list any awards, leadership positions, special training, or skills that would be beneficial to your work in the veterinary field. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education Record

<i>Name of School</i>	<i>Degree</i>	<i>GPA</i>	<i>Honors</i>
<i>High School</i>			
<i>College or University</i>			
<i>Post-Graduate Work</i>			

Do you type? \_\_\_\_ Yes \_\_\_\_ No Office machines and computer programs you know how to operate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List continuing education courses attended in the past 18 months. \_\_\_\_\_

If licensed, list the states in which you are licensed to practice along with license numbers. \_\_\_\_\_

\_\_\_\_\_

Work History (begin with the most recent, list all past employers, including pertinent military experience)

Name of Company: \_\_\_\_\_ Business address: \_\_\_\_\_

Phone no. \_\_\_\_\_ Type of business: \_\_\_\_\_ Immediate supervisor: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Exact job title: \_\_\_\_\_

Salary at hire: \_\_\_\_\_ Salary at leaving: \_\_\_\_\_ Why did you leave this company? \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Name of Company:*\_\_\_\_\_ *Business address:*\_\_\_\_\_

*Phone no.*\_\_\_\_\_ *Type of business:*\_\_\_\_\_ *Immediate supervisor:*\_\_\_\_\_

*Dates of employment: From*\_\_\_\_\_ *To*\_\_\_\_\_ *Exact job title:*\_\_\_\_\_

*Salary at hire:*\_\_\_\_\_ *Salary at leaving:*\_\_\_\_\_ *Why did you leave this company?*\_\_\_\_\_

*Description of duties:*\_\_\_\_\_

*Name of Company:*\_\_\_\_\_ *Business address:*\_\_\_\_\_

*Phone no.*\_\_\_\_\_ *Type of business:*\_\_\_\_\_ *Immediate supervisor:*\_\_\_\_\_

*Dates of employment: From*\_\_\_\_\_ *To*\_\_\_\_\_ *Exact job title:*\_\_\_\_\_

*Salary at hire:*\_\_\_\_\_ *Salary at leaving:*\_\_\_\_\_ *Why did you leave this company?*\_\_\_\_\_

*Description of duties:*\_\_\_\_\_

*I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice. I have read, understand and by my signature consent to these statements.*

*Signature:*\_\_\_\_\_ *Date:*\_\_\_\_\_