



# EMPLOYMENT APPLICATION

Application Date: \_\_\_\_\_ Position Applied for \_\_\_\_\_

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

**PINE MEADOW VETERINARY HOSPITAL IS *An Equal Opportunity Employer***

Name: \_\_\_\_\_  
*Last First Middle*

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

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## WORK AVAILABILITY

Are you at least 18 years of age?  Yes  No

Are you legally eligible for employment in this country?  Yes  No

Are you currently working?  Yes  No May we contact your current employer?  Yes  No

Date available to start work \_\_\_\_\_ Desired hourly wage range \_\_\_\_\_

Employment Desired:  FULL TIME  PART TIME ONLY  EITHER  SEASONAL

How many weekly hours are you looking to work? \_\_\_\_\_

Are there any days of the week or hours of the day that you are unavailable to work? \_\_\_\_\_

## EMPLOYEE HISTORY

The DEA requires us to ask these questions of every applicant.

Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing any criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence.  Yes  No

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.  Yes  No

Details: \_\_\_\_\_

## EDUCATION / TRAINING HISTORY

| TYPE OF SCHOOL            | NAME & LOCATION OF SCHOOL | MAJOR/DEGREE SUBJECTS STUDIED | NUMBER OF YEARS COMPLETED | DID YOU GRADUATE? |
|---------------------------|---------------------------|-------------------------------|---------------------------|-------------------|
| High School               |                           |                               |                           |                   |
| College                   |                           |                               |                           |                   |
| Professional/Trade School |                           |                               |                           |                   |

List any professional licenses or certificates you currently hold. \_\_\_\_\_

## WORK EXPERIENCE

Please list your work experience to include your last 4 employers, starting with your most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.

**From (Month/Year)** \_\_\_\_\_ **To (Month/Year)** \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Primary responsibilities: \_\_\_\_\_

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

**From (Month/Year)** \_\_\_\_\_ **To (Month/Year)** \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Primary responsibilities: \_\_\_\_\_

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

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Primary responsibilities: \_\_\_\_\_

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

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Primary responsibilities: \_\_\_\_\_

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

Do you possess any additional special skills, qualifications or experiences pertinent to the position you are applying for? If so, please describe below:

**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING**

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

Initial: \_\_\_\_\_

I understand, where permissible under applicable state and local law, I may be subject to a preemployment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drugs before being permitted to commence work with the Company.

Initial: \_\_\_\_\_

I understand that I may be subject to a preemployment background verification inclusive of a criminal check performed by a third party vendor, in accordance with federal, state, and local law after receiving a conditional offer of employment. Pine Meadow Veterinary Hospital reserves the right to re-evaluate your candidacy in light of the job duties, the nature of the job, the nature and seriousness of the offense and the amount of time since it occurred and may rescind an offer based upon this evaluation.

Initial: \_\_\_\_\_

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

Initial: \_\_\_\_\_

I understand that employment with Pine Meadow Veterinary Hospital is contingent on providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

Initial: \_\_\_\_\_

I authorize Pine Meadow Veterinary Hospital and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested. to check employment references and verify education information provided on this employment application and as disclosed in the interview process.

Initial: \_\_\_\_\_

I certify, under penalty of perjury, that all statements contained herein are true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

Initial: \_\_\_\_\_

I release Pine Meadow Veterinary Hospital and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.

Initial: \_\_\_\_\_

My signature below indicates that I have read, understand, and agree with the above statements.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_