

EMPLOYMENT APPLICATION

ANIMAL CLINIC OF AVA, LLC

(417) 683.6830 Phone

(417) 683.6868 Fax

DATE: _____

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical conditions or handicap, or any other legally protected status.

A Smoke-free and Drug-free Workplace

Our facility and our staff values the health of its members and patients, therefore we have elected to have a smoke-free environment to work in. There is no smoking allowed anywhere on the premises of Animal Clinic of Ava. This includes, but is not limited to, restrooms, parking lots, pet walking areas, etc. We reserve the right to randomly screen for drug use during your employment with our company. As part of our selection process, a third party investigative inquiry will be made at a later date. This investigative report will verify information you supply in this application, such as education, employment, criminal, and motor vehicle records. While the information provided may not preclude you from being employed, any willful misrepresentation will.

Name (First, Middle, Last)

Address _____

City _____ State _____ Zip _____

Telephone (s) (____) _____ Other (____) _____

How long have you been at the present address? Years _____ months _____

Are you a U.S. Citizen? (Circle) **Y N** Social Security # _____

Driver's License # _____ Date of Birth? _____

Have you ever filed an application or worked for us previously? _____

If yes, to this question, when did you apply with us? _____

Did any employee of our company refer you? _____ If yes, who? _____

Have you ever been convicted of a crime, abused alcohol, prescription or controlled substances? (Circle) **Y N** If yes, please explain on the reverse side of this application.

Our Employees are required to lift heavy loads frequently. Do you have any physical condition that may limit your ability to perform these physical tasks? _____

POSITION & HOURS

What position applying for? _____

Would you accept another position? (Circle) **Y** **N**

What date will you be available for employment? _____

Amount of hours you would like to work? _____

Rate of pay expected per hour? _____

Are you willing to work:

Over 40 hours per week?

Irregular shifts?

Nights?

Saturdays and/or Sundays?

Holidays?

YES NO

___ ___

___ ___

___ ___

___ ___

___ ___

EDUCATION HISTORY

	School Name, City, State	Dates Admitted		Years Completed	Did you graduate?	Degree, Major or Certificate
		From	To			
High School				1 2 3 4		
College or University				1 2 3 4		
Trade School						
Other School						

Describe any specialized training, apprenticeship, skills and extra-curricular activities that will be useful to the position:

REFERENCES:

Work References - List 3 people familiar with your job performance whom we may contact.

Name	Address	Phone #	Occupation	# of Years Known

Personal References - List 3 people who know you well (not relatives or former employers) whom we may contact.

Name	Address	Phone #	Occupation	# of Years Known

EMPLOYMENT EXPERIENCE:

Begin with your present or last job. Account for all employment, including any military service assignments for last five years. **EXPLAIN ANY EMPLOYMENT GAPS.** Attach an additional sheet if necessary. For proper evaluation, it is essential that employment history is filled in. "See Resume" is not an acceptable response, however, it may be attached to the application.

Name of Employer, City & State (Nature of Business)	Immediate Supervisor's Phone #	Job Title Description of Duties	Earnings Rate	Dates Employed	Reason for Leaving
			Beginning Hourly Rate \$ _____ Ending Hourly Rate\$ _____	From ____/____/____ To ____/____/____	
			Beginning Hourly Rate \$ _____ Ending Hourly Rate\$ _____	From ____/____/____ To ____/____/____	
			Beginning Hourly Rate \$ _____ Ending Hourly Rate\$ _____	From ____/____/____ To ____/____/____	
			Beginning Hourly Rate \$ _____ Ending Hourly Rate\$ _____	From ____/____/____ To ____/____/____	
			Beginning Hourly Rate \$ _____ Ending Hourly Rate\$ _____	From ____/____/____ To ____/____/____	

APPLICANT STATEMENT:

* Do we have permission to contact present employer? Yes _____ No _____

Federal and state laws require us to notify you that as a part of your application for employment, we may request an investigative report.

I authorize Animal Clinic of Ava to obtain a third party investigative report in conjunction with my application for employment at this animal hospital. This inquiry may include information concerning my character, general reputation and personal characteristics that may be obtained through personal interview with friends, neighbors and references. This report will also verify information I supply in this application, such as, education, employment, criminal and motor vehicle records.

I authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I understand and consent to persons or organizations listed by me in this application will be contacted to assist in the evaluation process. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this request.

I certify that all statements and answers to questions about my health are true and was made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired.

I understand that there is no express or implied contract of employment and that if Employed, I have been hired at the will of the employer and that my employment may be Terminated at will, at any time, and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of the termination. I, also, understand that if hired, I am required to abide by all rules and regulations of the employer. I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck(s), all monies due and owing to the company.

I, certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire.

Date

Applicant's Signature

Printed Name