



APPLICATION FOR EMPLOYMENT: AN EQUAL OPPORTUNITY EMPLOYER

Our practice does not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, disability, or any other status protected by applicable law or regulation. It is our intent that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Please complete entire form and print clearly.

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Complete Address: _____

Phone Number: _____ Email: _____

Have you worked for any entity under a different name? Yes/No, if yes: what name: _____

Have you previously applied here: Yes/No, if yes: when: _____ Were you previously employed here: Yes/No

Are you over 16 years of age: Yes/No Are you over 18 years of age: Yes/No

Do you have a valid driver's license: Yes/No Do you have reliable transportation: Yes/No

Has your license ever been revoked or suspended in the last 3 years: Yes/No

List any friends, or relatives, working here: _____

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, please explain: _____

A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are working will be considered.

Position(s) Applying For: _____

Seeking (please circle one): Full Time/Part Time How many hours are you hoping to work per week: _____

If your application is considered favorably, on what date will you be available to start: _____

Are you currently a student: Yes/No If yes, where: _____ Expected Graduation Date: _____

If a student, do you plan to continue working here during future semesters: Yes/No

If a student, will you be leaving between semesters: Yes/No

If a student, will you be available for spring break: Yes/No List your spring break dates: _____

Are you available on weekends leading up to, and after, a holiday* : Yes/No

Are you available on holidays* : Yes/No

Please list actual times currently available to work on: *If not available, please write "N/A"*

Monday: _____, Tuesday: _____, Wednesday: _____,

Thursday: _____, Friday: _____, Saturday: _____,

Sunday: _____

NOTE: Weekends and Holidays are REQUIRED for anyone seeking to work in the kennel.*

** Holidays include: New Years Day, Easter, Memorial Day, 4th of July, Labor Day, Thanksgiving, Christmas Eve, Christmas Day, New Years Eve, Spring Break (college and high school weeks).*

WORK HISTORY:

Beginning with the most recent, list all past employers, including any pertinent military experience. If self-employed, provide the business name and references. A job offer may be contingent upon acceptable references.

Name of Company	Phone	Supervisor
Type of Business	Job Title	Dates Employed
Reason for Leaving	Pay Rate at Hire	Pay Rate at Leaving
Description of Duties		

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Reason for Leaving	Pay Rate at Hire	Pay Rate at Leaving
Description of Duties		

Are there any work experiences, skills, or qualifications that you feel would especially qualify you for employment here?
Please add any additional comments you think are important for us to consider. Use additional paper if needed.

EDUCATION RECORD:

School Name	Years Completed	Degree Awarded	G.P.A.
High:			
Trade/Business:			
College/University:			
Post Graduate:			

Please list any special honors, recognitions, awards: _____

Other Continuing Education courses completed successfully: _____

For Veterinarians only, are you board certified: Yes/No For Veterinarians only, are you board eligible: Yes/No

PERSONAL REFERENCES:

Name/Relation	Phone Number	Email Address
Name/Relation	Phone Number	Email Address
Name/Relation	Phone Number	Email Address
Name/Relation	Phone Number	Email Address

CONSENT FOR PRE-EMPLOYMENT, RANDOM, REASONABLE SUSPICION, OR POST-EMPLOYMENT DRUG TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I hereby CONSENT to allow a medical facility to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, Waverly Animal Hospital, Boarding & Grooming.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against Waverly Animal Hospital, Boarding & Grooming, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS Waverly Animal Hospital, Boarding & Grooming, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

Signature: _____

Date: _____

CONSENT FOR PRE-EMPLOYMENT REFERENCE CHECK

I have applied for employment with the Waverly Animal Hospital, Boarding & Grooming (WAHBG) and have provided information about my previous employment.

I authorize WAHBG (and it's officers/employees/representative) to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary and employment history.

My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to WAHBG, whether the information is positive or negative.

I knowingly and voluntarily release all former and current employers, references, and WAHBG from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with WAHBG.

I further authorize WAHBG to obtain feedback and references from my supervisors over the course of my employment with WAHBG. I understand that subsequent and continued employment with WAHBG may be subject to this feedback. This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

I understand that any information provided by my references will be used solely for the purpose of determining my acceptability for employment with the Company.

I release all of the references from any claim of liability or damages, including, but not limited to, claims for defamation, interference with contract, and negligence—which may arise or result from any truthful reference information provided by a reference pursuant to this authorization.

Signature: _____ Date: _____

CERTIFICATION

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. 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 UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT OR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRACTICE MANAGER OR OWNER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY SUCH PERSON AND THE EMPLOYEE EMPLOYED. I UNDERSTAND THAT I MAY BE HIRED AT THE WILL OF THE EMPLOYER AND AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements, on this date: _____

Print: _____

Sign: _____