Application for Employment

(Please print clearly)



Northside Pet Hospital is a full-service veterinary medical facility that also offers boarding services to our established clients. Our team seeks to provide the best possible medical, surgical, and dental care for our highly-valued patients. 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.

Must be 18 or older to apply.

Contact Info	rmation·						
	Last					_ Date _	
Street Address	Last	First					
Email Address							
Position Info	rmation:						
What position are	you applying for?						_
What type of emp	loyment are you looki	ing for?	Full-time	Part-t	ime	Seasor	nal
List specific days	and hours if you circle	ed part-tim	e or seasona	l employn	nent:		
Are there any other	er work experiences, s	kills, or qu	alifications t	hat you fe	el would	especia	g?ally qualify you for employmen
Legal Inforn	nation:						
Have you ever pre	eviously applied here?	Yes	No	•	If yes,	when?	
Have you ever pre	eviously been employe	ed here?	Yes	No	If yes,	when?	
List any friends or	r relatives working her	re:					
If hired, can you f	urnish proof you are e	eligible to v	vork in the U	Inited Stat	es?	Yes	No
Have you ever bee	en convicted of a felor	ny?	Yes	No		If yes,	please explain:
Have you ever wo	orked for any entity un	der a differ	rent name?	Yes		No	



Work History

List all past work history beginning with the most recent. If self-employed, provide the business name and business references. A job offer may be contingent upon acceptable references.

Telefenees. 11 job offer may be contingent upon	писсери	dore references.						
Name of Company		Business Address						
Immediate Supervisor	Phone Number			Dates Employed From To				
Job Title	ng Salary		Ending Salary					
Reason for Leaving	I .		May we co	ntact them? Yes No				
Duties & Responsibilities								
Name of Company		Business Address	S					
Immediate Supervisor	Phone Number			Dates Employed From To				
Job Title	Starting Salary			Ending Salary				
Reason for Leaving			May we contact them? □ Yes □ No					
Duties & Responsibilities		'						
Name of Company		Business Address	s					
Immediate Supervisor	Phone	Number	Dates Employed From To					
Job Title	Starting Salary		Ending Salary					
Reason for Leaving			May we contact them? ☐ Yes ☐ N					
Duties & Responsibilities								
Name of Company Business Add			ess					
Immediate Supervisor	Phone	Phone Number		Dates Employed From To				
Job Title	Starting Salary			Ending Salary				
Reason for Leaving			May we contact them? □ Yes □ No					
Duties & Responsibilities								



R		•			_		
ĸ	ΔT	Δı	rΩ	n	r,	20	•
-		.					

Name	Relationship	Company	Phone
Name	Relationship	Company	Phone
Name	Relationship	Company	Phone
Name	Relationship	Company	Phone

Education:

Name of School	Years Completed	Degree Awarded	Grade Average	Honors		
High School						
College or University						
Business or Trade						
Other						
List any special honors, recognitions, or awards						

Relevant Special Interests/Organizations:

(Do not include any labor organization or memberships that reveal race, sex, age, disability, or other protected status).

Name or Description of Organization	From	То

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 my 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 authorize the investigation of any or all statements contained in this application and also authorize any personal, school, current employer, 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 I may be required to successfully pass an alcohol/drug screening examination: I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required and if permitted by law. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED 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 PERSONNEL AND

Signature	Date	
_		