



Healthy Practices. Healthier Pets.



APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Personal

Social Security No. \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_
Last First Middle

Present Address \_\_\_\_\_ Tel. No. \_\_\_\_\_
No. Street City State Zip

Position Applying For \_\_\_\_\_ Expected Rate of Pay \$ \_\_\_\_\_ Per Week

Would you work \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time Specify days and hours if part time \_\_\_\_\_

Were you previously employed by this organization? \_\_\_\_\_ if yes, when? \_\_\_\_\_

List any friends or relatives working here, other than spouse \_\_\_\_\_
Name(s)

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Are there any other work experience, skills, or qualifications that you feel would especially fit you for work here? Please add any additional comments 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 age. For jobs with minimum age requirements:

Date of Birth: \_\_\_\_\_

For driving jobs: Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's license number \_\_\_\_\_ Class of license \_\_\_\_\_

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

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

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

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

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

Have you previously applied here? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: when? \_\_\_\_\_

Have you worked for any firm under a different name? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: give name \_\_\_\_\_

**PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)**

Name and Occupation	Address	Phone Number

**MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (DO NOT INCLUDE RACIAL, RELIGIOUS, OR NATIONALITY GROUPS)**

Name or Description of Organization	From	To	Offices Held

**EDUCATION RECORD – NON-VETERINARIANS ONLY**

Name of School	Degree Awarded	Grade Average	Honors
High School			
College or University			
Business, Trade, Correspondence or Night School			
Other			

Do you Type?

\_\_\_ Yes \_\_\_ Manual Machines \_\_\_ WPM  
 \_\_\_ Yes \_\_\_ Electric Machines \_\_\_ WPM

Shorthand  
 \_\_\_ WPM

Other Machines and computers you know how to operate

\_\_\_\_\_  
 \_\_\_\_\_

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

Name of Company \_\_\_\_\_ Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone number \_\_\_\_\_ Type of Business \_\_\_\_\_ Supervisor \_\_\_\_\_ Date Employed From \_\_\_\_\_ To \_\_\_\_\_

Exact Job Title \_\_\_\_\_ Earnings at Hire \_\_\_\_\_ At Termination \_\_\_\_\_ Reason for Termination \_\_\_\_\_

Description of Duties \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Name of Company \_\_\_\_\_ Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone number \_\_\_\_\_ Type of Business \_\_\_\_\_ Supervisor \_\_\_\_\_ Date Employed From \_\_\_\_\_ To \_\_\_\_\_

Exact Job Title \_\_\_\_\_ Earnings at Hire \_\_\_\_\_ At Termination \_\_\_\_\_ Reason for Termination \_\_\_\_\_

Description of Duties \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Name of Company \_\_\_\_\_ Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone number \_\_\_\_\_ Type of Business \_\_\_\_\_ Supervisor \_\_\_\_\_ Date Employed From \_\_\_\_\_ To \_\_\_\_\_  
Exact Job Title \_\_\_\_\_ Earnings at Hire \_\_\_\_\_ At Termination \_\_\_\_\_ Reason for Termination \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Company \_\_\_\_\_ Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone number \_\_\_\_\_ Type of Business \_\_\_\_\_ Supervisor \_\_\_\_\_ Date Employed From \_\_\_\_\_ To \_\_\_\_\_  
Exact Job Title \_\_\_\_\_ Earnings at Hire \_\_\_\_\_ At Termination \_\_\_\_\_ Reason for Termination \_\_\_\_\_  
Description of Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

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 time. 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 that 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, 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 \_\_\_\_\_

**Authorization for Release of Information**

*Applicants: Please only sign and date the statement below. This form will be used to obtain information regarding your previous employment.*

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*I have applied with Grafton Animal Hospital for employment. I authorize you to release all information requested, including my employment record, statement of my character, abilities, performance ratings and the reason for my leaving your employ.*

*I hereby release you from any and all liability of whatever nature due to the disclosure of such information.*

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

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To: \_\_\_\_\_  
Former Employer

From: \_\_\_\_\_  
Prospective Employer

Re: \_\_\_\_\_ SS# \_\_\_\_\_  
Applicant

*The above named person has applied for a position with our company. We would greatly appreciate your assistance in completing this form and returning it to us in the self-addressed stamped envelope.*

*Sincerely,*

\_\_\_\_\_

\_\_\_\_\_

*Title*