

**APPLICATION FOR EMPLOYMENT**

Date \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Name \_\_\_\_\_  
(last) (first) (middle)

Do you drive? Yes \_\_\_ No \_\_\_ License # \_\_\_\_\_ Expiration date \_\_\_/\_\_\_/\_\_\_

Do you have your own car? Yes \_\_\_ No \_\_\_ If not do you have transportation? Yes \_\_\_ No \_\_\_

Have you ever used another name? Yes \_\_\_ No \_\_\_

If yes, explain and give names used. \_\_\_\_\_  
\_\_\_\_\_

Phone Number ( ) \_\_\_ - \_\_\_ Other Number ( ) \_\_\_ - \_\_\_ Cell ( ) \_\_\_ - \_\_\_

Address \_\_\_\_\_  
(no.) (street) (city) (state)

How long have you lived at this address? Years \_\_\_ Months \_\_\_

Please give your previous address.

Address \_\_\_\_\_  
(no.) (street) (city) (state)

How long have you lived at this address? Years \_\_\_ Months \_\_\_

Email Address \_\_\_\_\_

Can we reach you on facebook? \_\_\_\_\_

Are you over 18 years old?, Yes \_\_\_ No \_\_\_

If you are under 18 years old can you provide a work permit after employment?  
Yes \_\_\_ No \_\_\_

Can you, after employment, submit verification of your legal right to work in the United States?  
Yes \_\_\_ No \_\_\_

Have you had a Tetanus shot within the past year? \_\_\_\_\_

Do you have pets? Yes \_\_\_ No \_\_\_

What type? Dog \_\_\_ Cat \_\_\_

How many? \_\_\_\_

Do you have blood, or in-law relatives in our employ presently or previously? Yes \_\_\_No\_\_\_

Have you been convicted of a felony in the past 5 years or within the past two years had a misdemeanor, or are you presently formally charged with committing a criminal offense? Yes\_\_\_ No\_\_\_ (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. \_\_\_\_\_

\_\_\_\_\_  
(Conviction will not necessarily disqualify you from the job.)

In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed by a physician? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

(Any false information or omission of information will jeopardize your position with respect to employment.)

Have you applied for this job before? \_\_\_\_\_

Do needles bother you? Yes \_\_\_No\_\_\_  
Would you be afraid to give injections? Yes\_\_\_ No\_\_\_

Would it bother you to help or watch an animal be euthanized? Yes \_\_\_No\_\_\_

### **EDUCATION RECORD**

Do you plan to go back to school in the near future? \_\_\_\_\_

Are you currently in school? If so, what is your class schedule?  
\_\_\_\_\_  
\_\_\_\_\_

Last Grammar or Jr. High School \_\_\_\_\_

Did you graduate? Yes\_\_\_ No\_\_\_ Last High School \_\_\_\_\_

\_\_\_\_\_  
Did you graduate? Yes\_\_\_ No\_\_\_ What grade are you in now? \_\_\_\_\_

Last College or University \_\_\_\_\_

Did you graduate? Yes\_\_\_ No\_\_\_

What courses did you take? \_\_\_\_\_

What degree did you receive? \_\_\_\_\_

Other schools? \_\_\_\_\_

What courses did you take? \_\_\_\_\_

## WORK EXPERIENCE

Please account for all the time since leaving school  
List last employer first

Are you currently working? Yes\_\_\_ No\_\_\_

If so, do you plan to quit if you get this job? Yes\_\_\_ No\_\_\_

1. Firm name\_\_\_\_\_

Address\_\_\_\_\_

Phone Number\_\_\_\_\_

Your position\_\_\_\_\_

Department No.\_\_\_\_\_

Supervisor\_\_\_\_\_

Employed from:\_\_\_\_\_(month + year) to:\_\_\_\_\_(month + year)

Salary or Wages received\_\_\_\_\_

Reason for leaving\_\_\_\_\_

2. Firm name\_\_\_\_\_

Address\_\_\_\_\_

Phone Number\_\_\_\_\_

Your position\_\_\_\_\_

Department No.\_\_\_\_\_

Supervisor\_\_\_\_\_

Employed from:\_\_\_\_\_(month + year) to:\_\_\_\_\_(month + year)

Salary or Wages received\_\_\_\_\_

Reason for leaving\_\_\_\_\_

3. Firm name\_\_\_\_\_

Address\_\_\_\_\_

Phone Number\_\_\_\_\_

Your position\_\_\_\_\_

Department No.\_\_\_\_\_

Supervisor\_\_\_\_\_

Employed from:\_\_\_\_\_(month + year) to:\_\_\_\_\_(month + year)

Salary or Wages received\_\_\_\_\_

Reason for leaving\_\_\_\_\_

## MILITARY RECORDS

Service: Army, Navy, etc.\_\_\_\_\_

Branch: Infantry, etc.\_\_\_\_\_

Primary Duty\_\_\_\_\_

Rank upon separation\_\_\_\_\_

Served from\_\_\_\_\_(month + year) to\_\_\_\_\_(month + year)

## JOB RELATED SKILLS

Languages other than English spoken fluently\_\_\_\_\_

Languages other than English that you read and can translate into writing.\_\_\_\_\_

Can you type?\_\_\_\_\_

Do you know your speed\_\_\_\_\_

Have you used a computer before? Yes\_\_ No\_\_

Please explain\_\_\_\_\_

Do you have any other skills, hobbies or avocations that may be relevant to employment?

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

1. Name\_\_\_\_\_

Address\_\_\_\_\_

Phone Number\_\_\_\_\_

Occupation\_\_\_\_\_

2. Name\_\_\_\_\_

Address\_\_\_\_\_

Phone Number\_\_\_\_\_

Occupation\_\_\_\_\_

3. Name\_\_\_\_\_

Address\_\_\_\_\_

Phone Number\_\_\_\_\_

Occupation\_\_\_\_\_

What type of work do you prefer?\_\_\_\_\_

(nursing, receptionist, or kennel)

Would you prefer to part-time or full time employment?\_\_\_\_\_

We are also open weekends and holidays, would this be a problem? \_\_\_\_

If part-time, what hours would you be available? \_\_\_\_\_

When could you start to work?\_\_\_\_\_

What hourly salary would you consider to start?\_\_\_\_\_

Do you have any conflict or other obligations that would keep you from working during any of our normal business hours? Yes \_\_No\_\_ (We are open Monday through Sunday 7:00am to 8:00pm and Monday through Sunday 8:00pm to 12:00am for emergencies) If you can't work any of these hours please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I, hereby certify that the facts set forth in the above application are true and complete. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my former employers, schools attended, references listed, or any other persons who would aid in offering information with regard to my candidacy as an East Lake Animal Clinic employee. It is further understood and agreed that any employment is not confined to a fixed term and may be ended by either party without prior notice, unless otherwise affected by company procedures.

Additionally, the entry level job for which I am applying requires good physical condition because of the regular lifting and strenuous activity involved. I further understand any offer for employment may be made contingent on my passing a job related physical examination and/or a drug test and/or background check. Your first drug test must be done immediately after you are hired and if you fail the test you will be required to pay for the test. You will automatically be terminated if you fail the first drug test.

If you are a cigarette smoker be advised that ELAC is a smoke free work place and smoking will not be permitted anywhere on the property.

I understand East Lake Animal Clinic will do a criminal background check upon hiring and I authorize E.L.A.C to do so.

All employment is probationary for the first 60 days and employment within that period can be terminated without giving cause.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery

\*This company does not discriminate on the basis of age, sex, or race.

In a few words and in your own hand-writing describe why you want this job.

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**If you're willing, would you let us take a photo of you? Yes[ ] No[ ]**  
**Please notify receptionist when turning in application.**