

SOUTHSIDE ANIMAL HOSPITAL APPLICATION FOR EMPLOYMENT

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 Information

Date _____

Name _____

Present Address: Street _____ City _____ Zip _____

Social Security Number _____ Phone _____

Position applied for _____ Rate of Pay expected \$ _____ per hour

How did you hear about us? (circle one) MyFamilyPetDoc.com, Craigslist, Yard Sign, Newspaper, Other: _____

Would you work Full time Part-time Specify days and hours if part-time _____

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

Are there any other work experiences, 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 of age.

For jobs with minimum age requirements:

Date of Birth: _____

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

Driver's license number _____ Class of License _____

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

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

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

Education

School most recently attended: Name _____ Location _____

Graduated? Yes No If No, last grade completed _____ Now Enrolled? Yes No

Grade Point Average _____ Sports or activities _____

WORK HISTORY (begin with most recent, list all past employers, including any pertinent military experience)

Name of Company	Business address	Phone
Type of business	Immediate Supervisor	Date Employed From: _____ To: _____
Exact Job Title:	Pay: _____ /hr	Reason for Termination
Job description		

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Affidavit

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, answered or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. 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 termination. Finally, I understand that all company property must be returned and my indebtedness to 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.

Signature: _____ Date: _____