



pine creek

VETERINARY HOSPITAL

Please fill out all sections

Applicant Information

Applicant Name: _____

Current Address: _____

Home Phone: _____

Number and street: _____

Other: _____

City: _____

Email Address: _____

State & Zip: _____

How were you referred to Company? _____

Employment/Volunteer Positions

Position(s) applying for: _____

Are you applying for:

- Temporary work – such as summer or holiday work?
- Regular part-time work?
- Regular full-time work?
- Volunteer work?

What days and hours are you available for work? _____

If hired, on what date can you start working? ___ / ___ / ___

Can you work on the weekends? [] Y or [] N

Can you work evenings? [] Y or [] N

Are you available to work overtime? [] Y or [] N

Salary or hourly wage desired: _____

Personal Information:

Have you ever applied to / worked for Pine Creek Veterinary Hospital before? [] Y or [] N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for Pine Creek Veterinary Hospital?
[] Y or [] N

If yes, state name & relationship: _____

If hired, would you have transportation to/from work? [] Y or [] N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.)

Y or N

If applying for a volunteer position and are under 18, please provide your age _____

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y or N

If hired, are you willing to submit to and pass a controlled substance test? Y or N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Y or N, i.e. able to lift 35 lbs, moderate walking/standing, radiographs, gas anesthesia, bending kneeling, etc.

If no, describe the functions that cannot be performed

(Note: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Y or N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education

High School:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? Y or N

Degree / diploma earned: _____

College / University:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? Y or N

Degree / diploma earned: _____

Vocational School:

Name: _____

Address: _____

City, state, zip: _____

Number of years completed: _____

Did you graduate? Y or N

Degree / diploma?: _____

Military:

Branch: _____
Rank in Military: _____
Total Years of Service: _____
Skills/duties: _____
Related details: _____

Work History

Please list previous and current jobs or attach resume to application.

Name of Business: _____ Length of time there: From _____ To _____
Address: _____ Reason for leaving: _____
Supervisor _____ Contact number _____
Job Duties _____

Are we authorized to contact this employer? [] Y or [] No

Name of Business: _____ Length of time there: From _____ To _____
Address: _____ Reason for leaving: _____
Supervisor _____ Contact number _____
Job Duties _____

Are we authorized to contact this employer? [] Y or [] No

Name of Business: _____ Length of time there: From _____ To _____
Address: _____ Reason for leaving: _____
Supervisor _____ Contact number _____
Job Duties _____

Are we authorized to contact this employer? [] Y or [] No

Name of Business: _____ Length of time there: From _____ To _____
Address: _____ Reason for leaving: _____
Supervisor _____ Contact number _____
Job Duties _____

Are we authorized to contact this employer? [] Y or [] No

If more spaces are needed, you may use the back of the application.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature_____

Date_____