

ALDIE VETERINARY HOSPITAL

Employment Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Cell Phone			
Date Available		Social Security No.	Desired Salary
Position Applied for			
Days/Hours available			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
How did you hear about the position? (If referred by anyone in our employ, state name)			
Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If employed, and you are under 18, can you furnish a work permit? YES <input type="checkbox"/> NO <input type="checkbox"/>			
May we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you eligible to work in the us? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If no, are you prevented from lawfully becoming employed in this country because of visa or immigration status? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you been convicted of a felony within the last seven years? (If yes please explain) YES <input type="checkbox"/> NO <input type="checkbox"/>			

NOTE: Where Aldie Veterinary Hospital is asked to defer contacting you current employer, it is our practice that a routine verification of employment may be made of any employer not contacted during the application process (at the request of the applicant subsequent to the offer and acceptance of employment, and, if it is disclosed that the applicant withheld or distorted relevant information in this regard, this may lead to immediate dismissal.

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES*Please list three professional references.*

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I understand and accept that if an offer and acceptance of employment is made by Aldie Veterinary Hospital, my employment is not for any definite period of time, but may be terminated by me or by Aldie Veterinary Hospital at any time and for any reason, which is not specifically prohibited, by State or Federal law. I further understand that my employment may be terminated by Aldie Veterinary Hospital, in its sole discretion, if I have misstated, misrepresented or omitted any material fact in my application for employment or in any related documentation or information provided by me, whether verbal or in writing, to Aldie Veterinary Hospital.

I also understand that if employed, I am required to abide by all policies, rules, and regulations of the Company. Whereas, the employer has the right to make unilateral changes in its policies, rules and regulation at any time. I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

Applicants are considered without regard to race; creed; color; national origin; sex; age; disability; martial status; sexual orientation; citizenship status; the presence of non-job related medical condition or disability or any other legal protected status.

All employment offers are contingent upon satisfactory reference check.