



Plantation Animal Hospital

Application for Employment

APPLICANT INFORMATION

Last Name	First	M.I.	Date		
Street Address				Apartment/Unit #	
City	State	ZIP			
Phone	E-mail Address				
Date Available	Social Security No.	Desired Salary			
Position Applied for					
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?		

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"/>		

HOURS OF AVAILABILITY

	FROM:	TO:	
MONDAY			TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
TUESDAY			
WEDNESDAY			AMOUNT OF HOURS PER WEEK YOU DESIRE: _____
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

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							

DISCLAIMER AND SIGNATURE

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
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Only U.S. citizens or aliens who have the right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? () Yes () No

Have you ever been convicted of or pled no contest to a crime; ever been a defendant in any civil action for intentional tort; had an adjudication withheld for a criminal offense; entered a pre-trial intervention program; or been placed on court ordered probation? () Yes () No

If you checked yes, state the nature of the offenses(s), dates(s), city and state and disposition. A conviction or plea record is not an automatic bar to employment. The nature, date, disposition of an offense, and other factors deemed relevant by the employer will be considered as they relate to the job for which you are applying.

I understand that misrepresentation, omissions of facts, or incomplete information requested may result in my not being considered for employment.

I certify all statements given herein are true and complete and, if employed, I understand that false and misleading statements given in my application or interview(s) may result in dismissal, regardless of the time they are discovered.

I authorize investigation of all statements contained in this application and any attachments for employment including contact of my previous employers, verification of education, a criminal background check, driver's license history and any other information as may be necessary in arriving at an employment decision. I hereby release the company and all persons and organizations from any and all claims and liability of any kind arising from such investigation or the supplying of information as part of such process.

I understand that I am required to abide by all rules and regulations of the company, and that my offer of employment may be contingent upon successfully passing a drug screen and other screens. After a conditional job offer, I may be required to complete a post-job offer medical examination. I understand that if I am employed, I will be subject to a 3 month introductory probation period.

I understand that my employment with the company is for no specific term and may be terminated by me with or without notice or cause at any time and that the company has a similar right. I further understand that no oral promise, company policy, custom, business practice or other procedure constitutes an employment contract or modification of the at-will employment relationship between me and the company.

Signature of Applicant

Printed Name of Applicant

Date