



THE PATTON VETERINARY HOSPITAL

EMPLOYMENT APPLICATION



Last Name	First Name	M.I.
Address (Number & Street, Apt. or Box No.)	City	State
	Zip	Telephone #

Are you 18 years of age or older: Yes No
 If No, can you provide required proof of your eligibility to work? Yes No

In Case of Emergency Notify Name:	Home Phone#:	Work/Cell Phone #:
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Availability:

Are you authorized to work in the U.S. on an unrestricted basis: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:

Position or Type of work desired (in order of preference)

1. _____ 2. _____

Seeking: Number in order of Preference: Full-time _____ Part-time _____ Temporary _____

Hours	Su	M	T	W	Th	F	S
From:							
To:							

Available to work holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	Available to work evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number hrs. available per week? _____

Date available to start:	Presently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of Pay Expected \$ _____ per _____
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This job requires fluency in reading, speaking and writing in English.
 Do you meet this requirement? Yes _____ No _____

WORK EXPERIENCE: (Begin with present or most recent employer.)

Name under which previously employed if different.

Please explain any gaps in employment greater than 30 days.

May we contact your present employer ___ Yes ___ No

1. Name of Current/Most recent Employer:	Complete Address	Telephone # ()
From _____ to _____ mo/yr mo/yr	Salary \$ _____ per _____ Hrs. Worked per Week _____	Name and Title of Supervisor
Your job title:		
Reason for leaving:		

2. Name Employer:	Complete Address	Telephone # ()
From _____ to _____ mo/yr mo/yr	Salary \$ _____ per _____ Hrs. Worked per Week _____	Name and Title of Supervisor
Your job title:		
Reason for leaving:		

3. Name Employer:	Complete Address	Telephone # ()
From _____ to _____ mo/yr mo/yr	Salary \$ _____ per _____ Hrs. Worked per Week _____	Name and Title of Supervisor
Your job title:		
Reason for leaving:		

Military (complete this section if you served in the Armed Forces)

Have you served in the Armed Forces of the United States on active duty for reasons other than training?

___ Yes ___ No

Please describe major duties or special training that would pertain to this job: _____

Profession Organizations:

Professional Licenses/Certificates	<u>State Issued</u>	<u>Number</u>	<u>Date Issued</u>	<u>Renewal Date</u>

EDUCATION:

Name	Completed mailing address	Major Course/Subject	Highest Grade Completed	Degree
High School or Equivalent				
Business				
College				
Other				

OTHER QUALIFICATIONS AND SKILLS: Check area(s) in which you have basic skills
 Data Entry – W.P.M. _____

 Word Processing – Type: _____

 Spreadsheet – Type: _____

 Other (Please specify): _____

List below your special qualifications, skills, accomplishments or community activities and position(s) held (some examples are: scholastic honors, offices held and activities in high school and college, skills with machines, public speaking and writing experience, volunteer experience.)

Do Not List any organizations that would reveal race, creed, religion, national origin, physical handicap, marital status, or ancestry.

Have you been convicted of a felony?

 Yes No

Have you been convicted of a misdemeanor within the past five years?

 Yes No

Please note that a conviction record will not necessarily prevent employment by the Corp. such factors as nature of the offense and other aggravating and mitigating circumstances will be considered

REFERENCES: (Please list only individuals familiar with your professional skills or work abilities.)

<u>Name of Reference</u>	<u>Complete Mailing Address</u>	<u>Telephone #</u>	<u>Occupation</u>	<u># yrs known</u>
1.		()		
2.		()		
3.		()		

1.		()		
2.		()		
3.		()		

APPLICANT'S STATEMENT

Quarantine

Patton Veterinary Hospital (hereafter "Company") is an equal opportunity employer and does not discriminate against employees or job applicants on the basis of race, religion, color, sex, age, national origin, disability, veteran or family status, or any other status or condition protected under applicable state or federal laws.

I understand that if employed by Company, my employment will be at-will, and not for a set period of time and may be terminated by me or Company at any time without notice or reason or cause. I understand that nothing will change the at-will status of my employment other than the execution of a written agreement signed by me and an authorized representative of Company that expressly changes the at-will status.

I certify that the information provided on this application (and accompanying documents) is true and complete to the best of my knowledge. I agree that falsified information or significant omission may disqualify me from further consideration of employment, and, if employed, may result in termination.

I certify that I am a citizen of the United States, or if not, IO can provide required documentation permitting me to work in the United States.

I authorize Company or its authorized agents, to investigate all statements contained in this application (and accompanying documentation, if any) and to make inquiries as may be necessary in determining an employment decision. I understand that the results of this investigation **will be kept confidential in accordance with applicable local, state and feral law**, and may include my law enforcement record, driving record, financial and credit record, and that these items may also be investigated during my employment, if necessary, at the sole discretion of my employer.

I understand that a drug and/or alcohol screen may be required before and during my employment. In addition, I authorize a medical examination, including a drug and/or alcohol screen by an examiner selected by Company. I understand that the results of these tests will be kept confidential.

I hereby release employers, schools, credit reporting agencies, medical examiners or persons from any liability in responding truthfully to inquiries to my application for employment.

I hereby authorize all persons, companies or other entities connected with any such informational requests listed above to provide any and all information that may have regarding me, to Human Element Group, LLC.

A photocopy of this release from will be valid as an original, even though the said photocopy does not contain original writing of my signature.

Applicant's Printed Name

Applicant's Signature

Date