**Employment/Job Application #1**

**GOODWORKS VETERINARY HOSPITAL APPLICATION FOR EMPLOYMENT**

Goodworks Veterinary Hospital is an equal opportunity employer. Goodworks Veterinary Hospital does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

**PERSONAL INFORMATION**

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you eligible to work in the U.S? \_\_\_Yes \_\_\_No

Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged, or do you have such a case pending?\_\_\_\_\_\_\_\_\_\_\_ If yes, please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) \_\_\_Yes  \_\_\_No

Have you ever been terminated from employment or asked to resign by an employer? \_\_\_Yes \_\_\_No

**If yes**, please provide company names and details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you work any shift? \_\_\_Yes  \_\_\_No  If no, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you work overtime, including weekends? \_\_\_Yes \_\_\_No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? \_\_\_Yes  \_\_\_No

**EMPLOYMENT DESIRED**

Date you can start \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hourly rate/Salary desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? \_\_\_\_ If so may we inquire of your present employer? \_\_\_\_\_\_\_\_\_

**REFERRAL SOURCE**

How did you hear about us? Walk In  Advertisement  Referral Other

Have you ever worked for this company before? \_\_\_Yes  \_\_\_No   Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know anyone who works for our company? Yes No If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **EDUCATION** | **Name and location of school** | **Degree Received** | **Subjects studied/Major** |
| High School |  |  |  |
| College or University |  |  |  |
| Trade, Business or Correspondence School |  |  |  |

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| From | To | Employer Name | Telephone |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
|  | |  | |
| Reason for leaving | | | |
| From | To | Employer | Telephone |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
|  | |  | |
| Reason for leaving | | | |
| From | To | Employer | Telephone |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
|  | |  | |
| Reason for leaving | | | |
| From | To | Employer Name | Telephone |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
|  | |  | |
| Reason for leaving | | | |

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**

Give the names of three people not related to you, whom you have known at least three (3) years.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address, Phone, Email | Company | Years Acquainted |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Goodworks Veterinary Hospital to hire me. If I am hired, I understand that either Goodworks Veterinary Hospital or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Goodworks Veterinary Hospital has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Goodworks Veterinary Hospital true and complete information on this application. No requested information has been concealed. I authorize Goodworks Veterinary Hospital to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date  \_\_\_\_\_\_\_\_\_\_\_\_\_   Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.**