



ST. FRANCIS

VETERINARY HOSPITAL

EMPLOYMENT APPLICATION

FULL NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER _____ CELL NUMBER/PAGER _____

WORK INTEREST AND AVAILABILITY

Please list the days you are available to work: _____

Please list the hours you are available to work: _____

POSITIONS

Please list the position you are applying for: _____

BASIC SALARY REQUEST

Please list your expected hourly wage: _____

EDUCATION

HIGH SCHOOL _____ YEAR GRADUATED _____

COLLEGE _____ YEAR GRADUATED _____

OTHER _____ YEAR GRADUATED _____

WORK HISTORY

PLEASE LIST YOUR PAST THREE MOST RECENT JOBS, FEEL FREE TO ADD OTHER WORK EXPERIENCE THAT YOU FEEL MAY BE IMPORTANT FOR REVIEW.

EMPLOYER	DATES EMPLOYED	SUPERVISOR	DUTIES AND PAY RATE	REASON FOR LEAVING

REFERENCES

PLEASE LIST THREE PEOPLE THAT CAN BE CONTACTED ABOUT YOUR WORK PERFORMANCE AND PERSONAL QUALIFICATIONS. PLEASE DO NOT LIST FRIENDS OR RELATIVES.

NAME	PHONE	RELATIONSHIP	YEARS THEY HAVE KNOWN YOU

AUTHORIZATION

I AUTHORIZE THE INVESTIGATION OF ANY STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF INFORMATION IS GROUNDS FOR IMMEDIATE TERMINATION IF HIRED.

SIGNATURE _____

DATE _____



PLEASE READ AND INITIAL EACH PARAGRAPH, THEN SIGN BELOW

I understand that the Company has a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If I am offered a conditional offer of employment, I understand that a pre-employment (post-offer) drug and/or alcohol test is positive the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state and local law.

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

If hired, I agree to conform to the rules and regulations of the Company, and I understand that the Company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at-will.

Applicant's Signature: _____ **Date:** _____