APPLICATION FOR EMPLOYMENT **Campbell Park Animal Hospital**

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, 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 legally eligible to work in the U.S?  \_\_\_Yes   \_\_\_No

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 convicted of a crime or violation other than a minor traffic violation in the last 7 years \_\_\_Yes \_\_\_No

If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What schedule are you available to work (please fill out table below)?



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, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERRAL SOURCE**

How did you hear about us (circle one)?       Walk-In  Advertisement  Referral Other

Have you ever worked for this company before? \_\_\_Yes  \_\_\_No     If Yes, Please Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know anyone who works for our company? \_\_\_Yes \_\_\_No   If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDUCATION** | **Name and location of school** | **No. of yrs. Attended** | **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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Computer Skills (please describe):

**REFERENCES** Give the names of three persons not related to you, whom you have known at least five (5) years.

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

**CONDITIONS OF EMPLOYMENT**

Campbell Park Animal Hospital sets a high standard for its employees. We require compliance with these standards as a condition of employment. You need to carefully consider what will be required before considering a position of employment with Campbell Park Animal Hospital. As an employee of Campbell Park Animal Hospital, you would be expected to comply in full. You need to understand that Campbell Park Animal Hospital will require you to:

* Meet performance standards of your position
* Work hours as scheduled and report to work on time
* Take direction from supervisors and execute that direction to the best of your ability
* Maintain a positive, enthusiastic attitude at all times and be a cooperative member of the staff
* Take part in training, as needed, to maintain a high-performance level
* Maintain a business-like, professional appearance with regard to dress and grooming

**Please read carefully before signing.**

Campbell Park Animal Hospital is an equal opportunity employer. Campbell Park Animal Hospital does not discriminate in employment on account of 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.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Campbell Park Animal Hospital to hire me. If I am hired, I understand that either Campbell Park Animal 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 Campbell Park Animal Hospital has the authority to make any assurance to the contrary.

I acknowledge that Campbell Park Animal Hospital may request either prior to and/or after employment that I undergo drug testing and may request after an offer has been made, a medical exam. I consent and agree to any such exam, if required, now or in the future. I understand that when pre-employment drug testing is required, a satisfactory result is a condition of employment with Campbell Park Animal Hospital.

I attest with my signature below that I have given to Campbell Park Animal Hospital true and complete information on this application. No requested information has been concealed. I authorize Campbell Park Animal 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 SIGNED/DATED ABOVE.**