



# Application for Employment

*Smiths Station Animal Hospital is an equal opportunity employer. We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job related factors.*

(Please Print Clearly)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

If you have worked under another name/maiden name, please give name(s): \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Best place to call : Home Cell Other Best Time: AM PM

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Applied for \_\_\_\_\_ Rate of pay expected \_\_\_\_\_ per hr

Would you work : Full Time Part Time On what date would you be available to start? \_\_\_\_\_

Hours Available & Willing to Work: Daytime M-F Evenings Saturday Sunday Holidays

List any friends or family already employed here: \_\_\_\_\_

<b><i>Education Record:</i></b>	<b><i>Degree Awarded</i></b>	<b><i>Grade Average</i></b>
High School:		
College/University:		
Business/Trade/Correspondence/Night School		
Other:		

Are you currently attending school? \_\_\_\_\_

If no, do you have plans to return to school? \_\_\_\_\_

<b><i>Membership in Professional or Civic Organizations: (Do not include racial, religious, or nationality groups)</i></b>	<b><i>Dates of Participation</i></b>	<b><i>Offices Held</i></b>

**References:** Please provide professional (past employer or co-worker) references

<b>Name</b>	<b>Position/Company</b>	<b>Phone Number</b>	<b>Notes</b>

**Work History:** Begin with most recent employment and list all past employers, including military experience

Name of Company:		Address:		Phone:	
Type of Business:		Supervisor:		Dates Employed From: To:	
Job Title:		Pay at Hire:	Pay at Termination:	Reason for Termination:	
Description of Duties:					

**Work History:** Begin with most recent employment and list all past employers, including military experience

Name of Company:		Address:		Phone:	
Type of Business:		Supervisor:		Dates Employed From: To:	
Job Title:		Pay at Hire:	Pay at Termination:	Reason for Termination:	
Description of Duties:					

**Work History:** Begin with most recent employment and list all past employers, including military experience

Name of Company:		Address:		Phone:	
Type of Business:		Supervisor:		Dates Employed From: To:	
Job Title:		Pay at Hire:	Pay at Termination:	Reason for Termination:	
Description of Duties:					

**Work History:** Begin with most recent employment and list all past employers, including military experience

Name of Company:		Address:		Phone:	
Type of Business:		Supervisor:		Dates Employed From: To:	
Job Title:		Pay at Hire:	Pay at Termination:	Reason for Termination:	
Description of Duties:					

Describe other skills or experience that may qualify you for this position:

Why did you leave your previous job or why are you thinking of leaving your current job?

Have you ever been fired from a job? If so, why?

What kind of working environment do you desire in a new employment situation?

How does this position fit your long term career objectives?

Describe your strengths:

Describe your weaknesses:

How do you accept criticism?

Do you have pets? If so, what kind and how many?

Why should we select you for this position?

**Release and Affidavit:**

As an applicant for a position with Smiths Station Animal Hospital, I have been asked to provide information concerning my experience, qualifications, and prior employment. This release authorizes investigation of my past and present work, character, education, military and police records in order to obtain any and all information that may be relevant to my application for employment. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so I may obtain a complete disclosure of the nature and scope of the investigation.

By signing below, I authorize and agree to cooperate in the investigation and release Smiths Station Animal Hospital as well as its owners and employees from all liability or responsibility in connection with conduction of the investigation. I further release any and all person, current or previous employers, business entities, schools, and organizations that provide relevant information and opinions that may be useful in making a hiring decision from any legal liability in making such statements to Smiths Station Animal Hospital.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definitive period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with our without cause and with or without notice.

**I have read and understand and by my signature consent to this release and affidavit.**

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