

HUEYTOWN VETERINARY CLINIC

235 Forest Road
HUEYTOWN, AL. 35023
(205) 491-3240

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification. We will retain all submitted applications for six months.

Name: _____ Date: _____
Last First Middle

Address: _____
Street City State Zip

Email address: _____

Telephone: _____ Social Security#: _____

Do you have the right to work in the United States? Yes ___ No ___ On a restricted basis? Yes ___ No ___

Have you applied here previously? Yes ___ No ___ Do you have pets? Yes ___ No ___

What kind of pets do you have? _____

How did you learn about this opening? _____

Are there any hours, shifts, or days you cannot or will not work? _____

Shifts preferred: _____ Part-time _____ Full-time _____

Are you aware that working in a Veterinary Hospital may require you to work extra hours or overtime on some days in order to provide emergency care for our patients? Yes ___ No ___

Are you willing to work these extra hours? Yes ___ No ___

Have you ever been convicted of a felony or any crime involving theft? Yes ___ No? ___

Note: A conviction will not necessarily disqualify an applicant for employment. The circumstances of any conviction will be considered in light of the position that you are seeking.

If yes, please describe the circumstances surrounding the conviction: _____

Please write a short paragraph about yourself emphasizing the skills and personal characteristics that you believe qualify you for this job:

Name and location of highest level of school or vocational training:

Name & Location	Graduated? Y or N	Degree
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Major

Position applied for: _____ Wage or salary desired? _____
When could you start? _____

WORK HISTORY: May we contact your present employer? Yes ___ No ___

Most recent employer:

Name Address Phone #
Start Date: _____ Starting Pay: _____ Starting Position: _____
End Date: _____ Ending Pay: _____ Ending Position: _____
Description of duties: _____
Name and Title of Supervisor: _____
Reason for leaving: _____

Previous Employer:

Name Address Phone #
Start Date: _____ Starting Pay: _____ Starting Position: _____
End Date: _____ Ending Pay: _____ Ending Position: _____
Description of Duties: _____
Name and Title of Supervisor: _____
Reason for leaving: _____

Previous Employer:

Name Address Phone #
Start Date: _____ Starting Pay: _____ Starting Position: _____
End Date: _____ Ending Pay: _____ Ending Position: _____
Description of Duties: _____
Name and Title of Supervisor: _____ Reason for Leaving: _____

Authorization

" I certify that the facts contained in this application are true to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you all information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of any such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Signature

Date