

**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:

<b>Name &amp; Location</b>	<b>Graduated? Y or N</b>	<b>Degree</b>
<b>Major</b>		

\_\_\_\_\_

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

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

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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