

EMPLOYMENT APPLICATION

EVERGREEN ANIMAL HOSPITAL

11618 SHELBYVILLE ROAD LOUISVILLE, KENTUCKY 40243

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT.

DATE _____

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY #: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

(HOME) PHONE: _____ PHONE #2: _____

DATE OF BIRTH: _____

MARITAL STATUS: _____ SPOUSE NAME: _____

DO YOU HAVE CHILDREN? YES NO IF YES, WILL YOUR CHILDREN INTERFERE WITH YOUR WORK
SCHEDULE (EX. ACTIVITIES, SCHOOL, SICKNESS, ETC)? YES NO

DO YOU SMOKE? YES NO

DO YOU HAVE A RELIABLE MODE OF TRANSPORTATION? YES NO

HAVE YOU EVER BEEN CHARGED WITH AND/OR CONVICTED OF A DRUG OR ALCHOL OFFENSE? YES NO

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP _____

PHONE #1: _____ PHONE # 2: _____

EMPLOYMENT INFORMATION

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY US? YES NO

HOW DID YOU HEAR OF US? _____

POSITION DESIRED: RECEPTIONIST TECHNICIAN SUPPORT STAFF

SALARY DESIRED: _____

AVAILABLE STARTING DATE: _____

PLEASE FILL IN THE HOURS EACH DAY THAT YOU ARE AVAILABLE TO WORK DURING A TYPICAL WEEK.

MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____ SUN _____

CURRENT EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED? YES NO

IF SO, WHERE? _____ POSITION HELD: _____

NAME OF CURRENT SUPERVISOR: _____ CURRENT SUPERVISOR PHONE #: _____

LENGTH OF EMPLOYMENT: _____ REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? YES NO

PREVIOUS EMPLOYMENT

DO YOU HAVE PRIOR EXPERIENCE WORKING IN A VETERINARY CLINIC? YES NO

IF SO, WHERE? _____ POSITION HELD: _____

SUPERVISOR NAME: _____ SUPERVISOR PHONE #: _____

LENGTH & DATES OF EMPLOYMENT: _____ REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? YES NO

PLEASE LIST YOUR THREE MOST RECENT EMPLOYERS.

EMPLOYER: _____ POSITION HELD: _____

SUPERVISOR NAME: _____ SUPERVISOR PHONE #: _____

LENGTH & DATES OF EMPLOYMENT: _____ REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER: _____ POSITION HELD: _____

SUPERVISOR NAME: _____ SUPERVISOR PHONE #: _____

LENGTH & DATES OF EMPLOYMENT: _____ REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER: _____ POSITION HELD: _____

SUPERVISOR NAME: _____ SUPERVISOR PHONE #: _____

LENGTH & DATES OF EMPLOYMENT: _____ REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? YES NO

REFERENCES

PLEASE LIST THREE CHARACTER REFERENCES .

NAME: _____ RELATIONSHIP _____

PHONE #1: _____ PHONE # 2: _____

NAME: _____ RELATIONSHIP _____

PHONE #1: _____ PHONE # 2: _____

NAME: _____ RELATIONSHIP _____

PHONE #1: _____ PHONE # 2: _____

EDUCATIONAL EXPERIENCE

HIGH SCHOOL ATTENDED: _____

CITY: _____ STATE: _____

CURRICULUM: _____ GRADUATION DATE: _____

COLLEGE: _____

CITY: _____ STATE: _____

DEGREE(S) : _____ GRADUATION DATE: _____

COMPUTER SOFTWARE SKILLS :

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS AND THE REFERENCES LISTED TO GIVE YOU INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU. I AUTHORIZE, ACKNOWLEDGE, AND CONSENT TO A BACKGROUND CHECK.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, I BE TERMINATED AT THAT TIME WITHOUT PRIOR KNOWLEDGE AND WITHOUT CAUSE.

BY SIGNING AND SUBMITTING THIS APPLICATION THE APPLICANT CERTIFIES THAT HE/SHE IS NOT UNDER THE INFLUENCE OF ANY ALCOHOL OR DRUGS AND HAS NOT BEEN CHARGED WITH AND/OR CONVICTED OF A DRUG OR ALCOHOL OFFENSE.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

SIGNATURE _____ DATE _____

THANK YOU FOR APPLYING AT EVERGREEN ANIMAL HOSPITAL!

YOU WILL BE CONTACTED BY THE OFFICE MANAGER IN THE NEAR FUTURE REGARDING THE STATUS OF YOUR APPLICATION

