

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