



APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

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.

Personal

Social Security No. _____ Date _____

Name _____
Last First Middle

Present address _____ Telephone no. _____
No. Street City State Zip

Position applied for _____ Rate of pay expected \$ _____ per week

Would you work _____ Full-time _____ Part-time Specify days and hours if part-time _____

Were you previously employed by this organization? _____ If yes, when? _____

List any friends or relatives working here, other than spouse _____
Name(s)

If your application is considered favorably, on what date will you be available for work? _____ 19 _____

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here? Please add any additional comments you think are important for us to consider. _____

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

For jobs with minimum age requirements:

Date of birth: _____

For driving jobs only: Do you have a valid driver's license? yes no

Driver's license number _____ Class of license _____

Have you had your driver's license revoked or suspended in the last 3 years? yes no

If hired, can you furnish proof you are eligible to work in the United States? yes no

Have you ever been convicted of a felony? yes no

A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.

If yes, please explain _____

Have you previously applied here? yes no

If yes, when? _____

Have you worked for any firm under a different name? yes no

If yes, give name _____

Personal References (not former employers or relatives)

Name and occupation	Address	Phone number

Membership in Professional or Civic Organizations (do not include racial, religious, or nationality groups)

Name or description of organization	Active participation		Offices held
	From	To	

Education Record—Nonveterinarians Only

Name of school	Degree awarded	Grade average	Honors
High School			
College or University			
Business, Trade, Correspondence, or Night School			
Other			

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> Manual machines _____ WPM <input type="checkbox"/> No <input type="checkbox"/> Electric machines _____ WPM	Shorthand _____ WPM	Office machines and computers you know how to operate
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Education Record—Veterinarians Only

Name of school	Degree awarded	Grade average	Honors
High School			
College or University (Preveterinary)			
College (Veterinary Curriculum)			
Postgraduate training, including internships (include dates and degrees awarded, if any)			
Are you board certified? <input type="checkbox"/> Board eligible? <input type="checkbox"/> Which specialty board?			
List continuing education courses attended in the past 18 months			
List the states in which you are licensed to practice along with license numbers:			

Work History (begin with the most recent, list all past employers, including any pertinent military experience)

Name of Company	Business address	City	State	Phone no.
Type of business	Immediate supervisor	Date employed From _____ To _____		
Exact job title	Earnings at hire	At termination	Reason for termination	
Description of duties				

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Description of duties				

Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from the final paycheck(s) all monies due and owing to the company.

Signature _____ Date _____

FOR EMPLOYER'S USE ONLY

Reference Check

Date Called	Company Called	Person Contacted	Comments

Interview Results



Published as a membership service by the American Animal Hospital Association

"The objective of the AAHA is to improve the quality of medical care and service to pet animals and the pet-owning public by promoting the universal acceptance of high standards for all aspects of veterinary practice and to represent and speak out as the one voice for small animal veterinary medicine."

AAHA believes that the information solicited from the applicant is in full compliance with all federal equal employment laws. AAHA does not assume responsibility for the user's inclusion in this "Application for Employment" of any question which may violate federal, state, or local laws and users should contact their own counsel with respect to any legal questions regarding the use of this form.