



Application for Employment

Fill out this application completely. If questions are not applicable, then enter "N/A". Do not leave questions blank. Be sure to initial and sign where designated. Kirkwood Veterinary Hospital is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. Resumes will not be accepted in lieu of applications, but they may be submitted along with the application.

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Present Address:

(Street) (City) (State) (Zip)

Mailing Address (if different):

(Street) (City) (State) (Zip)

Contact Information: _____
(Primary) (Secondary) (Email)

Position Applied for: _____ Rate of Pay Expected: _____

When can you start: _____ Shift Desired: () AM, () PM, () ANY, () Full Time, () Part Time

Are you bilingual? If so, what other language do you speak? _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes _____ No _____
(You will submit to a background screening)

Have you ever been convicted of a misdemeanor, felony or subjected to a deferred adjudication on any charge? If your answer is "yes", please explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may disqualify you, and a false statement will. Yes _____ No _____

Education:

School Name and Location	Year	Major	Degree
High School: _____	_____	_____	_____
College: _____	_____	_____	_____
College: _____	_____	_____	_____
Post-College: _____	_____	_____	_____

Other skills or qualifications that we should consider:

Employment History: (Start with most recent employers)

#1 Company Name:

_____ Date Started: _____ Date Ended: _____

Address: _____ Telephone: _____

Starting Position: _____ Ending Position: _____

Starting Wages: _____ Ending Wages: _____

Name of Supervisor: _____ May we contact: () Yes () No

Job Responsibilities:

Reason for leaving?

#2 Company Name:

_____ Date Started: _____ Date Ended: _____

Address: _____ Telephone: _____

Starting Position: _____ Ending Position: _____

Starting Wages: _____ Ending Wages: _____

Name of Supervisor: _____ May we contact: () Yes () No

Job Responsibilities:

Reason for leaving?

#3 Company Name:

_____ Date Started: _____ Date Ended: _____

Address: _____ Telephone: _____

Starting Position: _____ Ending Position: _____

Starting Wages: _____ Ending Wages: _____

Name of Supervisor: _____ May we contact: () Yes () No

Job Responsibilities:

Reason for leaving?

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I certify that all of the information provided by me in connection with my application, whether on this document or not, is true and complete. I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that as a condition of employment consideration, I will be required to consent to a complete background check and drug screening. I understand that if hired, Pearl and Animal Hospital may terminate my employment due to any negative results found on any of these pre-employment policies. Some examples may be but are not limited to: Felony, Misdemeanor, Substance Abuse, Harassment, Physical Abuse of any sort, Theft, Burglary, etc.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
5. I understand that there is no express or implied contract of employment 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.
6. I understand that all company property must be returned and my debtless to the company must be paid before termination. I authorize the company to deduct from the final paycheck(s) all monies due and owing to the company.

THIS APPLICATION MUST BE SIGNED

Sign Here: _____ Date: _____
Print Here: _____