

Clanton – Malphus – Hodges Veterinary Hospital & Pet Motel

APPLICATION FOR EMPLOYMENT

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.

Date _____

Personal

Name: _____
Last First Middle

Present Address _____

No. Street City State Zip
Phone No. _____ - _____ - _____ Email Address _____

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

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 _____

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

Are there any other work experiences, skills or qualifications that you feel would be 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 wage requirements, you may be required to submit proof of age.

For jobs with minimum age requirements:

Are you 18 years of age or older?..... yes no

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

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 _____

Education Record

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 _____ WPM <input type="checkbox"/> No	Office machines and computer programs you know how to operate:		

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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Exact Job Title	Earnings at Hire	At Termination	Reason for termination	
Description of duties _____ _____ _____				

Affidavit

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I **UNDERSTAND THAT THIS APPLICATION SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.** I have read, and understand, and by my signature consent to these statements.

Signature _____ Date _____