Application For Employment

An Equal Opportunity Employer

Gulfshore Animal Hospital does 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. ***Please fill out all fields!***

Personal		Date:

Social Security No. _____

Name_____
Last First Middle

Present Address_____
Number Street City State Zip

Telephone 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_____

Please list any days or hours that you are NOT available for work_____

Were you previously employed by Gulfshore Animal Hospital? _____ If yes, when?_____

List any friends or relatives working here, other than spouse_____

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

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

For jobs with minimum age requirements:

Are you 18 years of age or older? _____

Do you have a valid driver's license? _____

Driver's License No._____ State_____ Class of license_____

Have you had your driver's license suspended or revoked in the past 3 years? _____

All new employee's will be required to complete a criminal background check and submit a drug test at the time of hire. Gulfshore Animal Hospital will comply with the Fair Credit Reporting Act and the Equal Employment Opportunity Commission. Gulfshore Animal Hospital reserves the right to terminate any new hire based on the contests of the reports.

If hired, can you furnish proof you are eligible to work in the United States? _____

Have you ever been convicted of a felony? _____
A "yes" answer does not automatically disqualify you from employment.

If yes, please explain
_____
_____

Have you previously applied here?_____ If yes, when?_____

Have you worked for any firm under a different name? _____If yes, give name _____

Personal References (non-relatives)

Name and Occupation	Address	Phone Number

Education Record

Name and location of school	Degree awarded	Grade Average	Honors
High School:			
College or university:			
Business, trade or night school:			
Other:			

Do you type? _____ If yes, WPM? _____	Office machines and computer programs you know how to operate:

Work History	*Please list in chronological order beginning with the most recent.*	
Name and address of company:	Phone No. : Type of business:	
Supervisor:	Dates employed: From: To:	
Job Title:	Earnings at hire:	Earnings at termination:
Reason for termination:		
Description of duties:		

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Supervisor:	Dates employed: From: To:	
Job Title:	Earnings at hire:	Earnings at termination:
Reason for termination:		
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Job Title:	Earnings at hire:	Earnings at termination:
Reason for termination:		
Description of duties:		

Affidavit

I certify that all the 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 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 or 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, understand, and by my signature consent of these statements.

Signature _____ Date _____

Technician Application Questionnaire #1

Answer the following questions in your own handwriting.

Why are you applying for this position, specifically why do you like working with and caring for animals?

Technician Application Questionnaire #2

Answer the following questions in your own handwriting.

What special talents do you think you have that will help you in this position if you are hired?

Technician Application Questionnaire #3

Answer the following questions in your own handwriting.

If you were to be employed at Gulfshore Animal Hospital, how would you demonstrate "personalized care" to a client and their pet while you were assisting the doctor in the exam room? What talents, skills, or personal qualities must you have to make that client and their pet feel welcome and special?

Technician Application Questionnaire #4

Answer the following questions in your own handwriting.

If you were to be employed by Gulfshore Animal Hospital, describe how you feel management should evaluate your performance.

For Employer's use only

Reference Check

Date Called	Company Called	Person contacted	Comments

Interview comments/results

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Interviewer's Initials: Date: