

### 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. <u>Please fill out all fields!</u>

Personal			Date:		
Social Security N	No				
Name					
	Last	First		Middle	
Present Address	Number Street		City	State	Zip
Telephone No					
Email Address:					
Position applied	for	Rate o	of pay expect	ed \$	per hour
Would you wor	kFull-time	_Part-time			
Specify days and	l hours if part-time				
Please list any da	ays or hours that you are NOT	available for work			
Were you previo	ously employed by Gulfshore A	nimal Hospital?	If y	es, when?	
List any friends	or relatives working here, other	r than spouse			
If your application	on is considered favorably, on	what date are you ava	ailable for wo	ork?	
If you are apply age.	ving for a job with a minimur	n age requirements,	, you may be	required to s	ubmit proof of
For jobs with mi	nimum age requirements:				
Are you 18 years of age or older?					
Do you have a v	alid driver's license?				
Driver's License	No		State	Class of l	icense
Have you had yo	our driver's license suspended	or revoked in the pas	st 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?					
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 Image: Comparison of the second se

### **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. :	Phone No. :	
		Type of busines	S:	
Supervisor:		tes employed: om: To:		
Job Title:		rnings at hire:	Earnings at termination:	
Reason for termination:				
Description of duties:				

Name and address of company:		Phone No. :		
		Type of business:		
Supervisor: Date From		tes employed: om: To:		
Job Title: Earni		ings at hire:	Earnings at termination:	
Reason for termination:				
Description of duties:				

Name and address of company:		Phone No. :		
		Type of business:		
Supervisor:	Date Fron	es employed: n: To:		
Job Title: Earni		ings 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

### Kennel Application Questionnaire #1

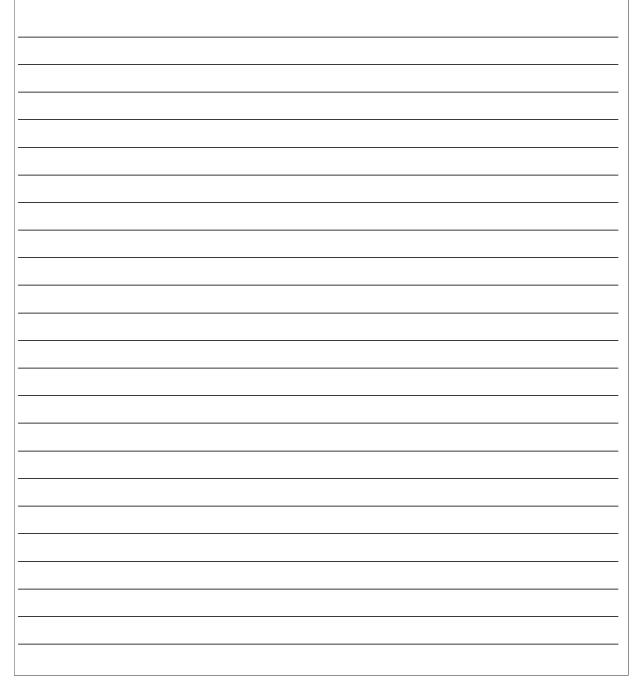
Answer the following questions in your own handwriting.

What work experiences, skills, or qualifications do you have that aid you as a kennel tech? Also what are your strengths and weaknesses with pets?

# Kennel Application Questionnaire #2

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. Specifically what criteria do you believe should be taken into consideration?



# Kennel Application Questionnaire #3

Answer the following questions in your own handwriting.

Describe the process you would use in handling a dissatisfied client?

## For Employer's use only

Referen	ce Check		
Date Called	Company Called	Person contacted	Comments

Interview comments/results	
Interviewer's Initials:	Date: