



## WOODLAKE ANIMAL HOSPITAL

Application Date: _____	Interview Date: _____
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### EMPLOYMENT APPLICATION

*Woodlake Animal Hospital is an Equal Opportunity Employer. Qualified applicants are considered for employment without regard to age, race, color, religion, sex, national origin, sexual orientation, disability or veteran status. Individuals are judged solely on their job-related aptitude, training, skills, performance and prior experience.*

#### Availability and Desired Position:

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Flexible Hours/On Call \_\_\_\_\_ Weekends \_\_\_\_\_  
 Specify hours available for each day of the week.

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
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Receptionist/Front Staff	Kennel Assistant/Back Staff	Groomer/Grooming Assistant
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Date you're Available _____	Salary Requirements: \$ _____ Per Hour/Per Year	
Are you currently employed?    Yes    No	If so, may we call your current employer?    Yes    No	How did you hear about us? _____

#### Personal Information: (Please print)

Last Name _____	First Name _____	Middle Initial: _____
Social Security No: _____	Date of Birth:    /    /	
Street Address: _____	City/State _____	Zip _____
Home Phone #: _____	Cell Phone #: _____	Alternate #: _____

Are You a U.S. Citizen or an alien authorized to work in the United States?    \_\_\_ Yes  
 \_\_\_ No

*All new hires are required to supply documentation supporting their citizenship or authorization to work in the United States within the first 3 days of employment.*

**Are you less than 16 years of age?**    \_\_\_ Yes    \_\_\_ No  
**Do you have reliable transportation?**    \_\_\_ Yes    \_\_\_ No  
**Have you ever been discharged by an employer?**    \_\_\_ Yes    \_\_\_ No

If so, please give Employer's  
Name: \_\_\_\_\_

Employer's  
Address: \_\_\_\_\_

Explanation of  
Discharge: \_\_\_\_\_

Have you been convicted of a felony in the past seven years?    \_\_\_Yes    \_\_\_No

If yes, list conviction(s) that are a matter of public record on another sheet of paper.  
A conviction will not necessarily disqualify you for employment.

Education:			
<u>School(s) Attended:</u>	<u>City, State</u>	<u>Graduated?</u>	
High School:			G.E.D. ___Yes ___No
<u>College(s)/University(ies) Attended:</u>			<i>Please specify Degree or Certification received</i>
<u>Trade/Vocational School Attended:</u>			

## Woodlake Animal Hospital

### Employment History (List your most recent employer first)

Employer:	From: /	To: /
Address:		
Duties:	Salary \$	

		Hours/wk
Reason for Leaving:		
Employer:	From: /	To: /
Address:		
Duties:	Salary \$	Hours/wk
Reason for Leaving:		
Employer:	From: /	To: /
Address:		
Duties:	Salary \$	Hours/wk
Reason for Leaving:		
Employer:	From: /	To: /
Address:		
Duties:	Salary \$	Hours/wk
Reason for Leaving:		

**References: (Give 3 references – not related to you – that have known you longer than 1 year.)**

<u>Full Name</u>	<u>Home/Business Address</u>	<u>Phone Number</u>	<u>Years Known</u>	<u>How Acquainted</u>

I hereby authorize Woodlake Animal Hospital to thoroughly investigate my background, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer and previous employers and organizations contacted by Woodlake Animal Hospital to provide any relevant information regarding my current and/or previous employment. I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate Woodlake Animal Hospital to hire me. I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or Woodlake Animal Hospital at any time without prior notice for any reason.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_