



# JORDAN CREEK ANIMAL HOSPITAL APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                    First                    Middle                    Last

Maiden Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street                                    City                                    State                    Zip

Telephone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you over 18 years old?  Yes  No    Are you legally eligible for employment in the USA?  Yes  No

Are there any hours, shifts, or days you cannot or will not work?  Yes  No    Explain: \_\_\_\_\_

Shift preferred: \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Are you willing to work overtime as required?  Yes  No    Explain: \_\_\_\_\_

Do you have any physical or mental condition that would prevent you from satisfactorily performing the position you have applied for?  Yes  No    Describe the condition and explain work limitations: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No    If yes, describe conditions: \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	MAJOR	DIPLOMA/ DEGREE	YEAR RECEIVED	GPA
High School					
College/Univ.					
College/Univ.					

Other training/education: \_\_\_\_\_

Position(s) applied for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Wage or salary desired\* \$ \_\_\_\_\_ per hour    When can you start? \_\_\_\_\_

\*must be indicated for application to be considered

## WORK HISTORY

Below, please describe your three most recent employment positions (beginning with your present or most recent employer). This section must be completed even if you have attached or submitted a resume.

May we contact your present or most recent employer?  Yes  No \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Name and Title of Supervisor(s): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Leaving Position: \_\_\_\_\_

Starting Wage or Salary: \_\_\_\_\_ Ending Wage or Salary: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Name and Title of Supervisor(s): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Leaving Position: \_\_\_\_\_

Starting Wage or Salary: \_\_\_\_\_ Ending Wage or Salary: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Name and Title of Supervisor(s): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Leaving Position: \_\_\_\_\_

Starting Wage or Salary: \_\_\_\_\_ Ending Wage or Salary: \_\_\_\_\_

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application could lead to disciplinary action including dismissal. The Company is hereby authorized to investigate any of the facts set forth in this application.

I understand that employment at this Company is "at will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by the statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company other than the President, has any authority to alter the foregoing.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_