

Application for Employment

Please Print

Equal Access to programs, services and employment is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date _____

Name _____
Last First & Middle Initial

Social Security # _____

Address _____
Street City / State Zip

Phone Numbers _____
Home Cell / Other Email

How did you hear about position? _____

If you are under 18 yrs of age, and it is required, can you furnish work permit _____
Yes No

If No, Please explain: _____

Are you legally eligible for employment in this country? _____
Yes No

Date available to start work: _____ Desired Salary Range _____

Type of Employment desired _____
Full time Part Time Temporary

Driver's license number if driving may be required in position for which you are applying: _____
State of issuance _____ Date of expiration: _____

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account

Have you ever pled "guilty" or "No Contest" to, or been convicted of a crime? _____
Yes No

If yes, please provide date(s) and details _____

DEA Requirement: In the past three years, have you ever knowingly used any narcotics, amphetamines or bardbiturates, other than those prescribed to you by a physician? _____

Yes No

If yes, please provide date(s) and details _____

Yosemite Pet Hospital

Employment History		Please start with most recent employer, provide the following information:		
Employer	Telephone ()	Dates Employed		Summarize the type of work performed and job responsibilities
		From	To	
Address		Hourly Rate / Salary		
		Starting \$	Per	
Starting Position / Ending Position		Hourly Rate / Salary		
What did you like most about the position		Final \$	Per	
				Benefits/vacation/health insurance?
What were the things you liked least about the position				
Reason for Leaving				May we Contact for Reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>
<hr/>				
Employer	Telephone ()	Dates Employed		Summarize the type of work performed and job responsibilities
		From	To	
Address		Hourly Rate / Salary		
		Starting \$	Per	
Starting Position / Ending Position		Hourly Rate / Salary		
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What did you like most about the position		Final \$	Per	
What were the things you liked least about the position				
Reason for Leaving				May we Contact for Reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>
<hr/>				
Notes or Additional Information				

Yosemite Pet Hospital

Educational Background

A) List last three (3) schools attended, starting with most recent, B) Number of years completed, C) indicate Degree or Diploma earned, if any; D) Grade Point Avg, E) Major field of study and F) Minor (if applicable)

A) SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE / DIPLOMA	GPA	E. MAJOR	F. MINOR

Computer Experience

Yosemite Pet Hospital will be running a "Paperless Practice". All medical records will be processed and stored in the Veterinary Software. With this in mind, Computer Experience can be beneficial to our operations. Please list what Software Programs you have worked with and note your level of proficiency.

Software Program	Level of Experience

References

List name and phone number of up to three Business/Work references who are not related to you and are not previous supervisors. If not applicable, list three school references who are not related to you.

Name	Company or Association	Telephone

Additional Information

List professional, trade, business or civic associations and any offices held
Please exclude memberships that would reveal Race, Color, Religion, Sex, National Origin, Citizenship, Age, Mental or Physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List any additional information you would like us to consider

Yosemite Pet Hospital

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date _____

Signature _____

Interviewed By _____

Date _____

DO NOT WRITE BELOW THIS LINE

Position(s) applied for: Available Not Available

Other Positions considered for: _____

Hired Yes No

Positioned hired for: _____ Date hired _____

Notes / Remarks _____
