



EMPLOYMENT APPLICATION

Date _____

APPLICANT INFORMATION:

Name _____ Social Security # _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Position Applying for: _____

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) _____

Salary Requirements _____ If hired, when will you be able to begin work? _____

State your availability to work _____

Have you ever applied for employment with us? Y or N If yes, provide month/year _____

Are you a legal US resident or authorized to work in the US without visa sponsorship from Smithers Animal Hospital? Y or N

Are you able to safely perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Y or N

If no, describe the functions that cannot be performed.

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

APPLYING FOR:

Full-time Full-time Temporary Flexible Hours/On-Call

Part-time Part-time Temporary Weekends

EDUCATION:

High School: _____ Address: _____

Did you graduate? Y or N Graduation date: ___/___/___ GPA _____

College: _____ Address: _____

Did you graduate? Y or N Years completed _____ Graduation date: ___/___/___

Degree: _____ GPA _____

Other: _____ Address: _____

Did you graduate? Y or N Years completed _____ Graduation date: ___/___/___

Degree: _____ GPA _____

Other: _____ Address: _____

Did you graduate? Y or N Years completed _____ Graduation date: ___/___/___

Degree: _____ GPA _____

WORK HISTORY: (Begin with most recent)

Employer: _____ From ___/___ to ___/___

Address: _____

Phone: _____ Job Title: _____

Duties: _____ Beginning Salary: _____

Ending Salary: _____

Supervisor: _____ May we contact for a reference? Y or N

Reason for Leaving: _____ Hrs/Wk _____

Employer: _____ From ___/___ to ___/___

Address: _____

Phone: _____ Job Title: _____

Duties: _____ Beginning Salary: _____

Ending Salary: _____

Supervisor: _____ May we contact for a reference? Y or N

Reason for Leaving: _____ Hrs/Wk _____

Employer: _____ From ___/___ to ___/___

Address: _____

Phone: _____ Job Title: _____

Duties: _____ Beginning Salary: _____

Ending Salary: _____

Supervisor: _____ May we contact for a reference? Y or N

Reason for Leaving: _____ Hrs/Wk _____

MILITARY TRAINING/SKILLS:

Did you serve in the U.S. Armed Forces? Y or N

If Yes, in which branch? _____

Describe any training received relevant to the position for which you are applying:

List all skills you possess which you feel are relevant to the job for which you are applying:

REFERENCES: (Please list 3 professional references, excluding relatives)

Full Name: _____ Relationship: _____

Company: _____ Number of years acquainted _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Number of years acquainted _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Number of years acquainted _____

Address: _____ Phone: _____

ADDITIONAL QUESTIONS

Have you ever worked for a veterinarian before? Y or N

Would you consider yourself a "people person"? Y or N

Do you own any pets? Y or N

If so, please list:

1. _____
2. _____
3. _____
4. _____

Have you ever been discharged by an employer? Y or N

If so, give: Employer: _____

Address: _____

Reason for discharge: _____

This position requires frequent lifting and handling of large animals. Would you have any difficulty lifting a 35lb dog into a cage four feet off the ground? Y or N

Do you feel comfortable restraining animals for medical procedures? Why or why not?

Do you feel comfortable assisting with medical procedures? Y or N

Do you understand the confidentiality of medical information as it relates to veterinary medicine? Y or N

What are your minimum payment requirements? _____

Where do you see yourself in a year?

Why do you want to work here?

Are you willing to do your share of weekend pet care if needed? Y or N

Please explain why you feel you are the best candidate for this position.

DISCLAIMER AND SIGNATURE

I CERTIFY THAT MY ANSWERS ARE TRUE, CORRECT AND COMPLETE. ANY STATEMENT OR OMISSION OF FACT ON THIS APPLICATION WILL RESULT IN REJECTION OF THIS APPLICATION, OR IF EMPLOYED WILL RESULT IN MY DISMISSAL.

I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE AND THAT IF EMPLOYED; I WILL BE AN EMPLOYEE-AT-WILL WHOSE EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON OR FOR NO REASON. NOTHING IN THESE POLICIES SHALL BE INTERPRETED TO BE IN CONFLICT WITH OR TO ELIMINATE OR MODIFY IN ANY WAY THE EMPLOYMENT AT-WILL STATUS OF SMITHERS ANIMAL HOSPITAL EMPLOYEES.

THIS POLICY OF EMPLOYMENT-AT-WILL MAY NOT BE MODIFIED BY ANY OFFICER OR EMPLOYEE AND SHALL NOT BE MODIFIED IN ANY PUBLICATION OR DOCUMENT. THE ONLY EXCEPTION TO THIS POLICY IS A WRITTEN EMPLOYMENT AGREEMENT APPROVED AT THE DISCRETION OF BRIDGER O. SMITHERS, DVM.

THESE PERSONNEL POLICIES ARE NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT OR A LEGAL DOCUMENT.

I UNDERSTAND AND AGREE THAT, IF OFFERED EMPLOYMENT OR EMPLOYED, A BACKGROUND CHECK WILL BE PERFORMED AND I MAY BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND DRUG SCREENING TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. I GIVE PERMISSION FOR A BACKGROUND CHECK TO BE PERFORMED PENDING EMPLOYMENT AND AGREE TO TAKE SUCH TEST(S) AT SUCH TIME AS DESIGNATED BY THE COMPANY AND TO RELEASE THE COMPANY, ITS DIRECTORS, OFFICERS, AGENTS, OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TEST(S). I UNDERSTAND THAT REFUSAL TO

CONSENT TO A BACKGROUND CHECK, PHYSICAL EXAMINATION, OR DRUG SCREENING WILL RESULT IN THE JOB OFFER BEING REVOKED.

Signature of Applicant

Date

Printed Name of Applicant

DISCLOSURE/AUTHORIZATION TO OBTAIN A CONSUMER REPORT

DISCLOSURE OF INTENT TO OBTAIN AND AUTHORIZATION FOR SMITHERS ANIMAL HOSPITAL TO OBTAIN A CONSUMER REPORT.

THIS DISCLOSURE IS BEING PROVIDED TO YOU UNDER THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA). SMITHERS ANIMAL HOSPITAL IS DISCLOSING TO YOU THAT SMITHERS ANIMAL HOSPITAL MAY OBTAIN A *CONSUMER REPORT* ON YOU FROM A CREDIT REPORTING AGENCY (CRA). THIS REPORT OR ANY INFORMATION CONTAINED IN THE REPORT MAY BE USED IN WHOLE OR PART FOR THE PURPOSE OF EVALUATING YOUR ELIGIBILITY FOR HIRE WITH SMITHERS ANIMAL HOSPITAL, AND IF HIRED, FOR EMPLOYMENT RELATED PURPOSES DURING YOUR EMPLOYMENT WITH SMITHERS ANIMAL HOSPITAL.

A COPY OF SUMMARY OF RIGHTS UNDER THE FAIR CREDIT REPORTING ACT IS BEING PROVIDED TO YOU WITH THIS DISCLOSURE.

I, THE UNDERSIGNED, ACKNOWLEDGE THAT SMITHERS ANIMAL HOSPITAL HAS DISCLOSED TO ME THAT IT MAY OBTAIN A CONSUMER REPORT ON ME AS PART OF THE HIRING PROCESS. THEREFORE, I VOLUNTARILY AND FULLY AUTHORIZE SMITHERS ANIMAL HOSPITAL TO OBTAIN A CONSUMER REPORT ON ME AS PART OF ITS HIRING PROCESS AND, IF HIRED, FOR EMPLOYMENT RELATED PURPOSES DURING MY EMPLOYMENT WITH SMITHERS ANIMAL HOSPITAL.

I UNDERSTAND THAT THIS AUTHORIZATION WILL REMAIN ON FILE WITH SMITHERS ANIMAL HOSPITAL AND WILL SERVE AS AN ONGOING AUTHORIZATION FOR SMITHERS ANIMAL HOSPITAL TO OBTAIN CONSUMER REPORTS CONTAINING INFORMATION ON ME AT ANY TIME DURING MY EMPLOYMENT WITH SMITHERS ANIMAL HOSPITAL.

Signature of Applicant

Date

Printed Name of Applicant