



## APPLICATION FOR EMPLOYMENT

**Arrowhead Veterinary Hospital, Inc.**, ("Employer") is an Equal Opportunity Employer. Arrowhead Veterinary Hospital, Inc. will not discriminate against any employee, manager, supervisor, or applicant on the basis of race or color, religion or creed, sex or gender, sexual orientation, national origin or ancestry, age, physical or mental disability, or military status. Arrowhead Veterinary Hospital, Inc. supervisors and/or managers will make all recruitment, placement, selection, training and layoff decisions based solely on job-related qualifications and abilities.

### I. Personal Information

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address City State Zip Telephone

\_\_\_\_\_  
Email Address

Are you under 18 years of age? Yes No If "Yes", state your date of birth: \_\_\_\_\_

Are you lawfully authorized to work in the United States? Yes No

If you are related to any of our employees, please state the name of the employee and the employee's position with Employer, if known: \_\_\_\_\_

For what position(s) are you applying? \_\_\_\_\_

On what date will you be available for work? \_\_\_\_\_

Are you on layoff and subject to recall? Yes No

What are you willing to work? Full Time Part Time Temporary

List days of the week and hours of day you can't work: \_\_\_\_\_

Do you have any commitments that will necessitate your absence from work during regular work hours for more than three days within the next six months? Yes No

Will you work over 40 hrs/week if required? Yes No

Why do you want this job? \_\_\_\_\_

## II. Employment History

List chronologically every employer during the past 10 years beginning with the most current. Add sheets, if necessary. Do not omit any prior employment within this period.

Date (MO/YR) (From – To)	Name/Address/Phone of Employer	Last Position	Reason for Leaving

Explain any gaps in your work history that are longer than six months: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired from a job or quit under threat of being fired?  Yes  No

If "Yes", when? \_\_\_\_\_

Who was/were the employer(s)? \_\_\_\_\_. What was the reason(s) the employer(s) gave you for your dismissal or forced resignation? \_\_\_\_\_  
\_\_\_\_\_

Please describe any problems in your current job about which you have been warned or disciplined during the past 12 months: \_\_\_\_\_

Who should we contact to confirm current employment data? \_\_\_\_\_

Can we talk to your current employer now, or only if you are hired?  Now  Only if hired

## III. Education

School	Name & Location	Graduated?	Major Subjects
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical or Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

What special training or skills do you have for this job position? \_\_\_\_\_

#### IV. Criminal Record

Have you been convicted of or plead guilty (includes also deferred judgment and no contest plea) to a crime or subjected to court martial? (Do not include crimes for which public records are sealed or expunged.)

Yes     No    If "Yes", identify nature of offense, county and state where convicted, date of conviction, and sentence or fine imposed: \_\_\_\_\_  
\_\_\_\_\_

If you are presently charged with committing a criminal offense, identify the nature of the offense, county and state where charges are pending, and status of charges: \_\_\_\_\_  
\_\_\_\_\_

Do you give consent for a background check?     Yes     No

#### V. Illegal Drugs

Within the past 6 months, have you used marijuana, cocaine, any narcotics, amphetamines, barbiturates, or other controlled substances that were not taken as prescribed to you by a physician?     Yes     No

Would you be willing to submit to a drug test if asked?     Yes     No

#### IV. Personal References (No Relatives)

Name	Address/Phone	Relationship/Years Acquainted

#### **PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION**

I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation of information by statement or omission will result in disqualification of, if already hired, dismissal from employment, no matter when the misrepresentation is discovered. I authorize Employer to contact my references, investigate my employment, history, education, criminal record, and if applicable, driving record. I agree to assist Employer in obtaining background information on me by signing this authorization and any separate authorization/release forms necessary to obtain such information. I understand that **all employment with Employer is at-will**, meaning that employment with Employer may be terminated, with or without cause, and with or without prior notice, at any time, at the option of either me or the Employer. I understand that Employer has policies and procedures that I must follow, if hired. I understand that Employer reserves the right to change its policies and procedures, including personnel policies and employee benefits, at any time without approval by employees, and that such changes are accepted by continuing my employment with Employer.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Manager

\_\_\_\_\_  
Date