Safe Harbor Animal Hospital

Employment Application Form

Safe Harbor Animal Hospital is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

<u>Applicant Information</u>			
Applicant Name:			
Address (City, State and Zip):			
Telephone Number:			
Date of Application:			
Employment Position			
Position(s) Applying for:			
What days are you available to work?			
Days	Hours		
Soonest start date:			
Do you have reliable transportation to and from work?		Yes	No
Personal Information			
Are you 18 years of age or older?		Yes	No
Are you a U.S. citizen or approved to work in the United States?		Yes	No
What document can you provide as proof of citizen	enship or legal status?		
Will you consent to a mandatory controlled substance test?		Yes	No
Do you have any condition which would require job accommodations?		Yes	No

If so, please describe ac	commodations below:					
Have you ever been con	victed of a criminal offer	nse	Yes No			
(felony or misdemeano	r)?					
• •	nature of the crime(s), wh		and disposition of the			
The date of the offense, the description of the event, a position(s) applied for material Job Skills/Qualificate Please list below the skills	e denied employment solely te nature of the offense, incl and the surrounding circum ty, however, be considered.) tions tills and qualifications you	luding any significant detai stances and the relevance of	ils that affect the of the offense to the			
(Note: Safe Harbor Animal Hospital complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.) Education and Training High School						
Name	Location (City, State)	Year Graduated	Degree Earned			
College/University		<u> </u>				
Name	Location (City, State)	Year Graduated	Degree Earned			
Vocational School/Specialized Training						
Name	Location (City, State)	Year Graduated	Degree Earned			

(Note: Please submit proof of degree or certificate and resume along with this application.)

<u>Military</u>			
Are you a member of the Armed Services?		Yes	No
How many years did you serve in the military? _			
References			
Please provide at least 2 personal and 2 professi	onal references below:	:	
Name	Phone Number		
<u>Previous Employment</u>			
List the last 5 years, including periods of self-emquestions here and throughout this employment resume.		•	
Name of Employer/Company:	Employer Address	S:	
Dates Employed:	Position(s) Held:		
Supervisor Name/Title:	Rate of Pay (Starting and Ending):		
Describe your duties:			
Reason for Leaving:			
May we contact this employer?		Yes	No
Name of Employer/Company:	Employer Address		
Dates Employed:	Position(s) Held:		

Supervisor Name/Title:	Rate of Pay (Starting and Endir	Rate of Pay (Starting and Ending):		
Describe your duties:				
Reason for Leaving:				
May we contact this employer?	Yes	No		
Name of Employer/Company:	Employer Address:			
Dates Employed:	Position(s) Held:			
Supervisor Name/Title:	Rate of Pay (Starting and Endir	ng):		
Describe your duties:				
Reason for Leaving:				
May we contact this employer?	Yes	No		
Additional Information				
In your own words, why do you want to find	employment here?			
What skill sets do you have to offer that will	add to and compliment this hospital?			
(Note: Please submit proof of degree or certificat	te and resume along with this application.)			