

If so, please describe accommodations below:

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case: _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying: _____

(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

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.)

Military

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 professional references below:

Name	Phone Number

Previous Employment

List the last 5 years, including periods of self-employment or unemployment. Answer all questions here and throughout this employment application – **do not substitute with a resume.**

Name of Employer/Company: _____ Employer Address: _____

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 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 Ending):

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 certificate and resume along with this application.)