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:

Applicant Information

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	
Do you have a valid U.S. Driver's License?	Yes	No	
Do you have a personal vehicle that you can drive to work daily and run	business erran	ds if	
needed?	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 citizenship or legal status?			
Will you consent to a mandatory controlled substance test?	Yes	No	

If so, please describe accommodations below:

Have you ever been convicted of a criminal offense	Yes	No
(felony or misdemeanor)?		
If yes, please state the nature of the crime(s), when and where conv	icted and disposi	tion 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.)

<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 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 –<u>do not substitute with a</u> <u>resume</u>.

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 fin	nd employment here?		
What skill sets do you have to offer that w	rill add to and compliment this hospital?		

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