

All Caring Animal Clinic

Application for Employment

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Job Applied For: Receptionist Technician Assistant Other _____

Date: _____

HOW DID YOU LEARN ABOUT THIS POSITION?

- Newspaper (List Publication) _____
- State Agency _____
- Other website (List website) _____
- Employee Referral _____ Friend _____
- Other: _____

VOLUNTARY INFORMATION

The information you provide below is voluntary.

Affirmative Action

If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs. This will also be used for research and statistical purposes.

Ethnic Background (check only one)

- Asian or Pacific Islander:** Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- African American (not of Hispanic origin):** Persons having origins in any of the black ethnic groups.
- Hispanic:** Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
- Native American or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Caucasian (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Gender: MALE FEMALE

Disabled: YES NO (Checking the "yes" box has no effect on an employer's obligation to provide reasonable accommodation under state and federal disability laws.)

Date of Birth: _____

ATTENTION

Attach this page to your application materials
even if you do not provide the voluntary information.

All Caring Animal Clinic

Application for Employment

An Equal Opportunity Employer

TYPE or PRINT in INK Please complete the application by typing or clearly printing in dark ink.	
JOB APPLIED FOR	SOCIAL SECURITY NUMBER: - -
DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:

NAME AND ADDRESS			
NAME (LAST, FIRST, M.I.):		HOME TELEPHONE (include area code):	
MAILING ADDRESS:		WORK TELEPHONE (Provide only one including	
CITY	STATE	ZIP CODE:	OTHER (include area code):
E-MAIL ADDRESS:		<input type="checkbox"/> PAGER <input type="checkbox"/> CELL PHONE <input type="checkbox"/>	

WORK SCHEDULE AVAILABILITY		
Check Only One: <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL	Check Only One: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> EITHER	Date You Can Report For Work: <input type="checkbox"/> FULL OR PART TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> ANY

Please list the hours that you are or will be available to work:	
Monday _____, Tuesday _____, Wednesday _____, Thursday _____,	
Friday _____, Saturday _____, Sunday _____,	

EDUCATION / TRAINING HISTORY	
List colleges, military, trade, business or other schools attended.	
Do you have a high school diploma or a GED certificate? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYEE HISTORY	
The DEA requires us to ask these questions of every applicant.	
Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing any criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence. <input type="checkbox"/> Yes <input type="checkbox"/> No	
In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Details:	

Name and Location Of School, College, or University	Course of Study (List Major)	Credits Earned	Did You Graduate? (Yes / No)	Degree or Certificate Received
A				
B				
C				

LICENSE / REGISTRATION / CERTIFICATE			
List any required professional license, registration, certificate, Commercial Driver's License (CDL), etc.			
Description	State	Number	Expiration

SPECIALIZED SKILLS AND KNOWLEDGE
List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

WORK HISTORY			
JOB NUMBER 1 (current or most recent position)			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (Average)	If you checked any of these boxes, list the number of employees and their job titles:	
		Starting Wages: _____ /hr, _____ /mo. Ending Wages: _____ /hr, _____ /mo.	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

JOB NUMBER 2			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
TOTAL TIME IN POSITION:		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
HOURS WORKED PER WEEK (Average)		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
If you checked any of these boxes, list the number of employees and their job titles: Starting Wages: _____ /hr, _____ /mo. Ending Wages: _____ /hr, _____ /mo			
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

JOB NUMBER 3			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
TOTAL TIME IN POSITION:		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
HOURS WORKED PER WEEK (Average)		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
If you checked any of these boxes, list the number of employees and their job titles: Starting Wages: _____ /hr, _____ /mo. Ending Wages: _____ /hr, _____ /mo			
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

JOB NUMBER 4			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
TOTAL TIME IN POSITION:		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
HOURS WORKED PER WEEK (Average)		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
If you checked any of these boxes, list the number of employees and their job titles: Starting Wages: _____ /hr, _____ /mo. Ending Wages: _____ /hr, _____ /mo			
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

May we contact your present employer? Yes No

May we contact you at your present place of employment? Yes No

Starting salary you are seeking: \$ _____ per hour per month (check one)

Have you worked for All Caring Animal Clinic before? Yes No

If yes, give dates employed. _____

Is there anything in your medical history that might interfere in any way with your ability to perform the work for which you have applied? Yes No

If yes, please provide details: _____

Military Service

Branch of Service:

Major Duties:

Service Schools Attended:

Date Entered:

Starting Rank:

Date Discharged:

Separation Rank:

Reserve Status:

References

Name:

Address:

Telephone:

Occupation:

Name:

Address:

Telephone:

Occupation:

Name:

Address:

Telephone:

Occupation:

DECLARATIONS

The All Caring Animal Clinic makes no promise of employment by offering this application form or accepting your written response.

No one is authorized to offer you employment with the All Caring Animal Clinic except in writing. Do not make or change any plans based on what anyone tells you orally.

Any employment offered to you by the All Caring Animal Clinic will be terminable at will. This means you can terminate your employment at any time. It also means that the All Caring Animal Clinic can terminate your employment at any time, with or without cause.

By completing this application and signing below, you authorize the All Caring Animal Clinic to investigate your qualifications and to make general inquiries about you. You also authorize the All Caring Animal Clinic to share this application and its contents with the All Caring Animal Clinic employees and any outside agencies or representatives the All Caring Animal Clinic deems appropriate. If there is anyone you do not want the All Caring Animal Clinic to contact, please inform the All Caring Animal Clinic in writing.

CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- ◆ I certify that all statements contained herein are true and complete.
- ◆ I understand that if hired, I must prove that I am legally authorized to work in the United States.
- ◆ I authorize the All Caring Animal Clinic to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- ◆ I authorize the All Caring Animal Clinic to check my driving record if the position for which I am applying requires driving.
- ◆ I authorize the All Caring Animal Clinic to run a credit history check and criminal history background check as a condition of employment.
- ◆ I release the All Caring Animal Clinic and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.

PRINT FULL NAME	DATE:
APPLICANT'S SIGNATURE	

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE ALL CARING ANIMAL CLINIC