

EMPLOYMENT APPLICATION

Village Square Veterinary Clinic

3463 Wool bright Road
Boynton Beach, Fl. 33436
(561) 369-0061 Phone
(561) 369-8239 Fax

DATE _____

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical conditions or handicap, or any other legally protected status.

A Smoke-free and Drug-free Workplace

Our facility and our staff values the health of its members and patients, therefore we have elected to have a smoke-free environment to work in. There is no smoking allowed **anywhere** on the premises of Village Square Veterinary Clinic. This includes, but is not limited to, restrooms, parking lots, pet walking areas, etc. We reserve the right to randomly screen for drug use during your employment with our company. As part of our selection process, a third party investigative inquiry will be made at a later date. This investigative report will verify information you supply in this application, such as education, employment, criminal, and motor vehicle records. While the information provided may not preclude you from being employed, any willful misrepresentation will.

Name (First, Middle, Last)

Address _____

City _____ State _____ Zip _____

Telephone (s) (____) _____ Other (____) _____

How long have you been at the present address? Years _____ month's _____

Are you a U.S. Citizen? _____ If no, Alien registration # _____

Social Security # _____

Driver's License # _____ Date of Birth? _____

Are you related to any current employee of Village Square Veterinary Clinic? _____

Have you ever filed an application or worked for us previously? _____

If yes, to this question, when did you apply with us? _____

Did any employee of our company refer you? _____

If yes, who? _____

Have you ever been **convicted** of a crime, abused alcohol, prescription or controlled substances? _____

If yes, please explain on the reverse side of this application.

Do you have any physical condition that may limit your ability to perform the particular job for which you are applying? _____

If yes, on reverse side of this application, describe such condition and explain how you can perform the job for which you are applying in spite of it.

POSITION & HOURS

What position applying for? _____

Would you accept another position? _____

What date will you be available for employment? _____

Amount of hours you would like to work? _____

Rate of pay expected per hour? _____

| | | |
|---------------------------|-------|-------|
| Are you willing to work: | YES | NO |
| Over 40 hours per week? | _____ | _____ |
| Irregular shifts? | _____ | _____ |
| Nights? | _____ | _____ |
| Saturdays and/or Sundays? | _____ | _____ |
| Holidays? | _____ | _____ |

EDUCATION HISTORY

| | School Name City, State | Dates Attended From To | | Years Completed | Did you Graduate? | Degree, Major |
|-----------------------|-------------------------|------------------------|--|-----------------|-----------------------|---------------|
| Prep or High School | | | | 1 2 3 4 | Yes _____ No _____ | |
| College or University | | | | 1 2 3 4 | Yes _____ No _____ | |
| Trade School | | | | | Yes _____ No _____ | |
| Other School | | | | | Yes _____ No _____ | |

Describe any specialized training, apprenticeship, skills and extra-curricular activities that will be useful to this position _____
_____.

EMPLOYMENT EXPERIENCE:

Begin with your present or last job. Account for all employment, including any military service assignments for last five years. **EXPLAIN ANY EMPLOYMENT GAPS.** Attach an additional sheet if necessary. For proper evaluation, it is essential that employment history is filled in. "See Resume" is not an acceptable response, however, it may be attached to the application.

| Name of Employer City & State (Nature of Business) | Immediate Supervisor's Phone # | Job Title Description of Duties | Date Employed | Earnings Rate | Reason for leaving |
|---|--------------------------------------|---------------------------------------|--|--|-----------------------|
| | | | From ____/____/____ To ____/____/____ | Beginning Hourly Rate \$ Ending Hourly Rate\$ | |
| | | | From ____/____/____ To ____/____/____ | Beginning Hourly Rate \$ Ending Hourly Rate\$ | |
| | | | From ____/____/____ To ____/____/____ | Beginning Hourly Rate \$ Ending Hourly Rate\$ | |
| | | | From ____/____/____ To ____/____/____ | Beginning Hourly Rate \$ Ending Hourly Rate\$ | |
| | | | From ____/____/____ To ____/____/____ | Beginning Hourly Rate \$ Ending Hourly Rate\$ | |

Do you fluently speak any languages other than English? _____

List any business, social, community and college activities for the past three years.

(You do not have to include any racial, religious or nationality groups.)

REFERENCES

Work References List 3 people familiar with your job performance whom we may contact.

| Name | Address | Phone # | Occupation |
|------|---------|---------|------------|
| | | | |
| | | | |
| | | | |

Personal References List 3 people who know you well (not relatives or former employers) whom we may contact.

| Name | Address | Phone # | Occupation |
|------|---------|---------|------------|
| | | | |
| | | | |
| | | | |

This inquiry may include information concerning my character, general reputation and personal characteristics that may be obtained through personal interview with friends, neighbors and references. This report will also verify information I supply in this application, such as, education, employment, criminal and motor vehicle records.

Upon your written request, we will furnish you within 5 business days the name, address and telephone number of the reporting agency. You may then, if you wish, obtain a copy of any such report by contacting the reporting agency directly.

I authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I understand and consent to persons or organizations listed by me in this application will be contacted to assist in the evaluation process.

I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this request.

I certify that all statements and answers to questions about my health are true and was made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired.

I understand that there is no express or implied contract of employment and that if Employed, I have been hired at the will of the employer and that my employment may be

Terminated at will, at any time, and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of the termination.

I, also, understand that if hired, I am required to abide by all rules and regulations of the employer. I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck(s), all monies due and owing to the company.

I, certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire.

Date

Applicant's Signature

Printed Name