



Coco-Park Animal Hospital Application for Employment

It is the policy of this practice to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Note: Please print your answers and write neatly. An illegible application may preclude you from consideration. The employer will sometimes be referred to as the "Company." Please read the attached job description for the position being applied for.

Personal Information

First Name Middle Initial Last Name

Current Address:

Street and Apt. # City State Zip Code

Permanent Address (if different from above):

Street and Apt. # City State Zip Code

Contact Information:

Day Phone: () _____ Cell Phone: () _____

Evening Phone: () _____ E-mail: _____

Social Security #: _____ - _____ - _____ Driver's License #: _____ State: _____

Position Desired

Position: _____ Applying for: Full-time Part-time Temporary

Salary Desired: _____ Date you are able to start if hired: _____

How did you hear about this position? _____

Are you currently employed? **YES** **NO** If so, may we contact your current employer? **YES** **NO**

Will you be able to work: Weekends? **YES** **NO** Overtime as necessary? **YES** **NO**

Days and hours available for work: _____



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Education:

Level of Education:	Name and Location of institution:	Number of years attended:	Did you graduate?	Name of degree or diploma?	Subjects studied
High School					
College or University					
College or University					
Trade, Vocational, Business or Correspondence School					

Employment History:

Date (Month and year)	Name, Address and Telephone No. of Employer	Type of Business	Salary	Position(s)	Reason for Leaving
From: To:	Supervisor:		Start: \$ _____ End: \$ _____		
From: To:	Supervisor:		Start: \$ _____ End: \$ _____		
From: To:	Supervisor:		Start: \$ _____ End: \$ _____		
From: To:	Supervisor:		Start: \$ _____ End: \$ _____		



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General Information:

If hired, will you be able to provide documentation that you are authorized to work in the United States on an unrestricted basis: **YES** **NO**

Have you ever been convicted at any time of a felony or serious misdemeanor which has not been judicially dismissed or ordered sealed? **YES** **NO**

(Note: You do not have to list convictions for marijuana offenses more than two years old)

If you answered yes, specify the crime(s), the date, location of the conviction and the current status of the case

(NOTE: An applicant will not be turned down for employment solely because he/she has been convicted of a crime. The particular crime, the date of conviction, the circumstances of the crime, and the relation of the nature of the crime to the position being applied for will be considered by the Company in making the decision.

U.S. Military Service: _____
Rank? _____

Are you 18 years of age or older? **YES** **NO**

If Applying for a Professional Position:

Do you have a license or certificate for the position desired? **YES** **NO**

Name of license or certificate: _____ Number: _____

State of Issuance: _____ Date: _____

Has the license or certificate been suspended or revoked at any time? **YES** **NO**

If yes, please specify the grounds, date of action and date of reinstatement:

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history. Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____ **Date:** _____