

All Pets Veterinary Hospital Inc.

43112 John Mosby Hwy. Suite 102
Chantilly, VA. 20152
Tel: (703) 327-6666 Fax: (703) 327-4664

Application for Employment

Position you are applying for: _____

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip Code

Home Phone: _____ Phone Other: _____

Social Security Number: _____

Are you at least 18? Yes ___ No ___ (if no, please show work permit)

Do you have the legal right to work in the U.S.? Yes ___ No ___

Have you ever been convicted of a crime? Yes ___ No ___

A conviction will not necessarily be to bar employment. Please describe the nature of the conviction, the date of conviction and your rehabilitation since:

Do you consent to a drug test before or during employment? Yes ___ No ___

Have you had previously worked with animals? In what capacity?

Please list you office skills(i.e. typing, computer, bookkeeping, etc.):

Please list your clinical skills (i.e. blood collection, microscope, etc.):

Education	School Name	No. of Years Attended	Date of Graduation	Course Major
Junior High				
High School				
College				
Graduate				
Training/Special Courses				
Other				

Certificates or Licenses				
Type	License #	Date Earned	Stat Issued	Current Through

Do you have experience in the position that you are applying for? Yes_____ No_____

I can work: Days_____ Evenings_____ Part time_____ Full Time_____

Holidays_____ Weekends_____ Overtime_____

No. of days per week _____ No. of hours per week _____

Select the days of the week the you will **not** be able to work:

Mon____ Tues____ Wed.____ Thurs____ Fri____ Sat____ Sun____

Date available to start: _____

Ideal starting salary _____ (per hour)

Where do you want to be in one year? _____

Employment / Work Experience

Cover the last 7 years; include periods of self-employment, or unemployment. Answer all questions here and throughout this employment application form. If additional space is needed, please use the back of the page.

List present or most recent position first:

Name of Employer: _____

Address: _____

Phone No. _____

Employed (Month and Year): _____

To: _____

Position(s) held: _____

Supervisors Name and Title: _____

Average number of hours worked per week: _____

Rate of Pay: Start _____ Finish _____

Your last name at time of employment: _____

Describe your duties: _____

May we contact this employer? Yes _____ No _____

Give specific reason for leaving: _____

Name of Employer: _____

Address: _____

Phone No. _____

Employed (Month and Year): _____

To: _____

Position(s) held: _____

Supervisors Name and Title: _____

Average number of hours worked per week: _____

Rate of Pay: Start _____ Finish _____

Your last name at time of employment: _____

Describe your duties: _____

May we contact this employer? Yes _____ No _____

Give specific reason for leaving: _____

Name of Employer: _____

Address: _____

Phone No. _____

Employed (Month and Year): _____

To: _____

Position(s) held: _____

Supervisors Name and Title: _____

Average number of hours worked per week: _____

Rate of Pay: Start _____ Finish _____

Your last name at time of employment: _____

Describe your duties: _____

May we contact this employer? Yes _____ No _____

Give specific reason for leaving: _____

References

<u>Name and Occupation</u>	<u>Address</u>	<u>Phone Number</u>
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1.	_____	_____
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2.	_____	_____
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3.	_____	_____
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General Agreement

I understand that all offers of employment are on receipt of satisfactory responses to reference requests and that the provision of satisfactory proof of the applicant's identity and legal authority to work in the United States. In consideration of my employment, I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion.

Authorization to Check References

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the information checked unless I have indicated to the contrary. I authorized the references listed above, as well as all other individuals whom the practice may contact, to provide all information concerning my previous employment and any other pertinent information they may have. Further, I release all parties and persons from all liability for damages that may result for furnishing the practice with such information as well as from the use and disclosure of such information by the employer or any of its agents, employees or representatives. I understand that any misrepresentations, falsification, or omission of material information on this application may result in my failure to receive an offer, or if I am hired; my dismissal from employment.

Employment Relationship

If employed, I understand that employment with the practice is not for a specified term and can be terminated "at-will", with or without notice, at any time, either at the option of the employee or the employer. The "At-Will" employment policy includes all employees including those presently employed by the practice. No employee or representative of the practice, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing. Further, the employer may not alter the "At-Will" nature of the employment relationship unless it is done specifically and in writing that is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "At-Will" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

I understand that if employed by All Pets Veterinary Hospital Inc. I will be on a three (3) day training program that will be unpaid if unsatisfactory work performance is noted. I also agree to give two weeks notice before quitting any position. Attendance on scheduled days is mandatory unless prior notice is given to the company or other staff member agrees to cover missed shifts.

Applicants Signature _____

Date _____