

ATLAN TIC ANIMAL HOSPITAL 1640 Ocean Shore Boulevard

Ormond Beach, FL 32176

T: 386-441-PETS (7387)

F: 386-441-8003

ATLANTIC ANIMAL HOSPITAL SOUTH

3506 South Nova Road, Suite 1 Port Orange, FL 32129 T: 386-761-2220 F: 386-761-4447



www.AtlanticDVM.com

EMPLOYMENT APPLICATION

Atlantic Animal Hospital and Atlantic Animal Hospital South have common ownership. This information will be shared between both locations.

We are an Equal Opportunity Employer. We comply with all Federal, State and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Date		Social Security No).		Phone				
Last Name		First		Middle					
E-mail address		I	How 1	ong at pr	esent Address?				
Street Address			1						
City		State				Zi	р		
Were you previously employed by this organization? [] Yes, Date(s): [] No		Do you have relati organization? []Yes, if yes list b	iends working for this			Are you 18 years or older? Earliest start date available:			
		[] No							
	ment are you looking for ars) [] Part-time (15-3)			Days/	Times available	to wo	ork:		
Position Applying fo	r:			Wages	desired:				
Which location are ye	ou applying for?] Daytona Beach/Port O	range [] Both/Eithe	er	In case notify:	of emergency		Phone:		
Education	Name & location	of School	Course Stud		No. of Years Completed		l You duate	Diploma or Degree	
High School									
Trade or Business School									
College or University									
Graduate School									
Have you served an apprenticeship?Type or Tr[]Yes[] No			ade				How long?		
Where did you serve	?		N	When did	l you serve?				
Mechanical and or Te	echnical Experience (De	escribe any and all qu	ualificati	on that re	elate to position	appl	ying for):		

Have you been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? (A conviction record will not necessarily be a bar to employment.)

[]Yes []No If yes, please describe in full detail:

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means? []Yes [] No

Experience-List Present and Former Employers for the last 10 years beginning with the most recent.										
Name and Address of Company	Supervisor	Describe Your Work	Last Wages	Date Started	Date Left	Reason for Leaving				

May we contact the above employers? [] Yes [] No If no, please indicate which one(s) you do not wish us to contact.

Additional Remarks:

Applicant's Certification- Please read carefully before signing.

I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that, if I become employed, a misrepresentation or omission of fact in this application may result in discharge from employment. I authorize the company, as part of its evaluation of my suitability for employment, to contact all school, officials, references and my previous supervisors to secure information concerning my skills, and character and ability. I further acknowledge and agree that no manger or representative of the company has any authority to enter into any employment agreement. I understand and agree that, if I am employed, I will be an at-will employee and the company may terminate my employment at any time and for any or no reason without prior notice.

FOR OFFICE USE ONLY:

Department: _____ Clock #: _____ Notes: _____