



## APPLICATION FOR EMPLOYMENT Stiern and Southwest Veterinary Hospitals

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Last    First    Middle

ADDRESS \_\_\_\_\_

# and Street    City    State    Zip

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### ANSWER THE FOLLOWING QUESTIONS

- |  |     |    |
|--|-----|----|
| 1. Are you 18 years or older?  | YES | NO |
| 2. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  | YES | NO |
| 3. Have you ever been fired, dismissed, terminated from any position for performance or disciplinary reasons?  | YES | NO |
| 4. 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. | YES | NO |

### EMPLOYMENT DESIRED

LOCATION: STIERN     SOUTHWEST                           DATE YOU CAN START \_\_\_\_\_                          SALARY DESIRED \_\_\_\_\_

POSITION:    RECEPTION                           KENNEL                           TECHNICIAN                           RVT

WHAT HOURS ARE YOU AVAILABLE? \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_                          IF SO, MAY WE CALL YOUR EMPLOYER \_\_\_\_\_

REFERRED BY \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS	DID YOU GRADUATE OR	IN SCHOOL NOW	SUBJECTS
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High School \_\_\_\_\_

College \_\_\_\_\_

Trade School \_\_\_\_\_

### GENERAL

SPECIAL SKILLS and LICENSES \_\_\_\_\_

ACTIVITIES (Include Civic, Athletic, Etc.) \_\_\_\_\_

In addition to English, list any other languages you speak/write: \_\_\_\_\_

**EMPLOYMENT HISTORY – Begin with your most recent job. List each separately.**

From: mm/dd/yy	To: mm/dd/yy	Job Title	Supervisor Name
Hours per day	Hours per week	Name of Company	Supervisor Phone Number
May we contact this employer		Company Address	Reason for leaving
Duties Performed			

From: mm/dd/yy	To: mm/dd/yy	Job Title	Supervisor Name
Hours per day	Hours per week	Name of Company	Supervisor Phone Number
May we contact this employer		Company Address	Reason for leaving
Duties Performed			

From: mm/dd/yy	To: mm/dd/yy	Job Title	Supervisor Name
Hours per day	Hours per week	Name of Company	Supervisor Phone Number
May we contact this employer		Company Address	Reason for leaving
Duties Performed			

**REFERENCES: Names of three persons not related to you whom you have known at least one year.**

NAME	ADDRESS/BUSINESS	PHONE NUMBER	YEARS KNOWN

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that Southwest (SWV) or Stiern (STV) Veterinary Hospitals will make a thorough investigation of my entire work history possibly including a criminal background check, and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by STV or SWV and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by this Company at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information, which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment the STV or SWV. I consent to take a medical examination by a qualified physician at the discretion of my employer.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
5. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for no definite period of time and that STV and SWV can change wages, benefits, hours and conditions at any time.

I have read and understand the above.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_