



Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify the clinic.

Position applied for _____ Date of Application _____
 Name _____ Social Security # _____
 LAST FIRST MIDDLE
 Address _____
 STREET CITY STATE ZIP CODE
 Telephone # () Alt. Phone # ()

If you are under 18, and it is required, can you furnish a work permit? Yes No
 Have you ever been involuntarily terminated or requested to resign? Yes No
 After employment, can you submit verification of your legal right to work in the United States? Yes No
 Have you been previously employed by Rosecrans Veterinary Clinic? Yes No If yes, give dates and position. _____
 Type of employment desired: Full-Time Part-Time Temporary Seasonal Internship
 Date available for work: _____ What is your desired salary range? \$ _____
 Are you available to meet the attendance requirements of the position? Yes No
 Have you ever been convicted of a felony? Yes No
 If yes, please explain. _____
 (Conviction will not necessarily disqualify you for the position.)

Employment History

Provide the following information related to your last three (3) positions, assignments or volunteer activities, starting with the most recent:

FROM	TO	EMPLOYER	TELEPHONE # ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE		REASON FOR LEAVING	
HOURLY RATE / SALARY			

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JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		JOB RESPONSIBILITIES	
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MAY WE CONTACT FOR REFERENCE		REASON FOR LEAVING	
HOURLY RATE / SALARY			

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you to perform the job-related functions of the position for which you are applying. _____

Educational Background

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	GRADUATION STATUS	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE / TRADE SCHOOL		MAJOR / DEGREE	
OTHER			

Personal References

NAME	CONTACT INFORMATION	NUMBER OF YEARS KNOWN

Applicant Statement

I certify that all information I have provided in order to apply for and to secure work with the employer is true, complete and correct.

I understand that any information provided by me is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from employer’s service, whenever it is discovered.

I authorize any of the persons or organizations referred to in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information, and I will indemnify you against any liability that may result in making such investigation.

I understand that it is the policy of the Company to provide equal opportunity and make all employment decisions without regard to race, color, age, sex, marital status, sexual orientation, ancestry, religion, national origin, citizenship, disability, or medical condition.

I understand that this application will remain active for only 30 days. At the conclusion of that time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If hired by the company, I understand that I will be required to provide proof of identity and of legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.

I understand that if hired, my employment with the Company is at will. Either the Company or myself may terminate my employment at any time, with or without cause or notice. This application does not constitute an agreement for contract for employment for any specific period or definite duration. I understand that no supervisor or representative of the Company is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing are valid unless they are in writing and signed by the Company’s president.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____