# **APPLICATION FOR EMPLOYMENT**

# Nova Animal Hospital

Date:			
Name:		Email:	
Primary phone:	(cell/home)	Secondary phone:	(cell/home)
Address:			
City:	State:	_ Zip:	
Position applied for:			
What date are you available for work?		_ Are you currently employed	d?
Are you applying for part time? Full ti	ime? Either?		
Are you applying for seasonal work? Per	rmanent work? Either?		
Do you have reliable transportation?			
Are you able to stay late if conditions at	the hospital necessitate	e that?	
Please be advised- Emp	loyees <b>will</b> be subject	to drug testing and backgr	ound checks.
Have you ever been convicted of a felon Have you, in the past two years, been co Are you presently charged with committ If yes to any of the above, please explain	onvicted of a misdemean ing any criminal offense	e?	
In the past three years have you used an by a physician? If yes, please explain:			

Veterinary References (your veterinarian or others you've worked with)

	Name	Clinic	City/State	Phone				
1.								
2.								
Education								
	High School:		Diploma earned?	GED?				
	College/University:							
	Degree awarded?	If none, credits earned?	Major	?				
	Business/trade/other school:							
	Degree awarded?	If none, credits earned?						
		Skills						
	Please answer the r	ext 7 questions with None,	Minimal, Some, or Exce	llent				
	How are your typing skills?							
	What is your ability to work with Cornerstone?							
	What is your ability with any other veterinary software? Which one							
	What is your proficiency with Mic	With Excel?						
	How are you spelling skills?							
	How are your math skills?							
	Are you willing to follow a basic work dress code? Yes No							
	Do you speak Spanish? French? How well?							

## Work history

Name of company	City State Phone				
Type of business	Immediate supervisor				
Job title	Dates employed (to-from)	Hours per week			
Briefly describe job duties:					
Reason for leaving?	Eligible for rehir	Eligible for rehire?			
Name of company	City State Phone				
Type of business	Immediate supervisor				
Job title	Dates employed (to-from)	Hours per week			
Briefly describe job duties:					
Reason for leaving?	Eligible for rehir	e?			
Name of company	City State Phone				
Type of business	Immediate supervisor				
Job title	Dates employed (to-from)	Hours per week			
Briefly describe job duties:					
Reason for leaving?	Fligible for rebir	e?			
icason for leaving:	Lingible for Termi	C:			

### **AFFIDAVIT**

- I certify that the above answers and statements given by me to the foregoing questions and statements are true and complete, without omissions of any kind.
- I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this application or in the interview process.
- I authorize Nova Animal Hospital to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- I authorize the companies, schools, and persons listed herein to give information regarding my employment, work character, or qualifications. I hereby release said companies and Nova Animal Hospital from all liability for issuing truthful information.
- I authorize Nova Animal Hospital to run a background check as a condition of employment.
- I understand that drug testing may be a requirement of employment, either before or during my employment with Nova Animal Hospital.
- I understand that I cannot work at Nova Animal Hospital if I am impaired in any way which may affect my job performance.
- I understand that there is no express or implied contract of employment and that, if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause- with the owner's only obligation being to pay wages due and owing at the next regular payday.
- I understand that all company property, including but not limited to name badge and key, must be returned in good condition and my indebtedness to the company must be paid before or at the time of my termination. I authorize the company to deduct from the final paycheck all monies due to Nova Animal Hospital.

Signature:			
Date:			