

Wedington Animal Hospital
EMPLOYMENT APPLICATION

Date _____

PERSONAL INFORMATION

Last Name _____ First _____ MI _____ SSN _____

Address _____ City _____ State _____ Zip _____

Phone Numbers (H) _____ (Cell) _____ (Other) _____

Are you authorized to work in the United States? YES NO

Are you 18 years or older? YES NO

Have you been convicted of a felony within the last 7 years? YES NO If yes, specify type of offense:

How were you referred to us: Advertisement Walk In Sign School Associate Referral Other _____

Education

Type of School	Name/City/State	# Years Attended	Graduated	Degree/Title	Subjects Studied
High School			YES NO		
College			YES NO		
Trade, Business or Other School			YES NO		

References

Name	Phone #	Business & Address	Relationship	Years Known

Position Desired _____ Pay Desired \$ _____ Date Available to Start _____

Desired Status Less than 35 hours More than 35 hours Temporary / Seasonal Permanent

Available Days: Available Hours: From _____ to _____
Su M Tu W Th F Sa

Are you presently employed? YES NO If so, may we inquire of your present employer? YES NO

Have you ever applied to this company before? YES NO If yes, When?

Are you able to perform the functions of the position for which you are applying without accommodation? YES NO
 If not, what accommodations are necessary?

Do you have any problems lifting 30 lbs? YES No

Do you have reliable transportation? YES NO

Are you willing to take a drug test? YES NO

Summarize special job-related skills, qualifications, specialized training, acquired from employment or other experiences:

EMPLOYMENT EXPERIENCE

Give accurate, complete full-time and part-time employment record. Start with your most recent. Use a blank sheet of paper if necessary, to summarize any additional information to describe your full qualifications.

Company Name	Telephone
Address	Employed
	-From To
Position Title	Responsibilities
	Salary
	-Start Finish
Reason for Leaving	Supervisor's Name / Title

Company Name	Telephone
Address	Employed
	-From To
Position Title	Responsibilities
	Salary
	-Start Finish
Reason for Leaving	Supervisor's Name / Title

Company Name	Telephone
Address	Employed
	-From To
Position Title	Responsibilities
	Salary
	-Start Finish
Reason for Leaving	Supervisor's Name / Title

We may contact the employers listed above unless you specify below those that you do not want us to contact.

Employer:

Reason:

**IN CASE OF
EMERGENCY NOTIFY:**

Name

Address

Phone

PLEASE READ CAREFULLY BEFORE SIGNING – CONTAINS IMPORTANT APPLICATION AGREEMENT INFORMATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize Wedington Animal Hospital and its agents to conduct a full background check on me based on the information I have provided above.

I understand that the state of Arkansas is a “**Right to Work**” state and my employment is not guaranteed. I will have to complete a 90-day introductory period, during which time I can be relieved of my duties at any time.

SIGNATURE OF APPLICANT _____ DATE _____

AN EQUAL OPPORTUNITY EMPLOYER

Federal law prohibits discrimination because of race, color, religion, national origin, age and certain disabilities.

I _____ authorize Washington County Sheriff's Office to conduct a background check, providing Wedington Animal Hospital with any criminal history that I have been involved in.

Printed Name: _____ Date:

Signature: _____ DOB:

Social Security Number:
