

APPLICATION FOR EMPLOYMENT

(Please print clearly)

An Equal Opportunity Employer

DATE _____

NAME (first/middle initial/last) _____

EMAIL ADDRESS _____

PRESENT ADDRESS _____

POSITION APPLIED FOR _____

EMPLOYMENT YOU ARE SEEKING FULL TIME PART TIME

SPECIFY DAYS AND HOURS IF PART-TIME _____

WERE YOU PREVIOUSLY EMPLOYED BY THIS ORGANIZATION? IF YES, WHEN? _____

LIST ANY FRIENDS OR RELATIVES WORKING HERE, OTHER THAN A SPOUSE _____

IF YOUR APPLICATION IS CONSIDERED FAVORABLY, ON WHAT DATE WILL YOU BE AVAILABLE FOR WORK? _____

AREA THERE ANY OTHER WORK EXPERIENCES, SKILLS OR QUALIFICATION THAT YOU FEEL WOULD ESPECIALLY QUALIFY YOU FOR EMPLOYMENT HERE? PLEASE ADD ANY ADDITIONAL COMMENTS YOU THINK ARE IMPORTANT FOR US TO CONSIDER. USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY.

-

-

HAVE YOU WORKED FOR ANY ENTITY UNDER A DIFFERENT NAME?

YES (IF YES, PLEASE GIVE NAME: _____) NO

IF HIRED, CAN YOU FURNISH PROOF OF ELIGIBLE TO WORK IN THE UNITED STATES YES NO

References (work)

Name and Occupation	Address	Phone

Education Record—Nonveterinarians Only

Name of School	Years Completed	Degree Awarded	Grade Average	Honors
High School				
College or University				
Business, Trade, Correspondence, or Night School				
Other				
Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, _____ WPM				
List office machines, computers, and software you are qualified to operate				
List any special honors, recognitions, awards				

Education Record—Veterinarians Only

Name of School	Years Completed	Degree Awarded	Grade Average	Honors
High School				
College or University (Preveterinary)				
College (Veterinary Curriculum)				
Postgraduate training (including internships, dates, and degrees awarded, if any)				
Are you board certified? <input type="checkbox"/> Board eligible? <input type="checkbox"/> Which specialty board?				
List continuing education courses completed in the past 18 months				
List the states in which you are licensed to practice along with license numbers				
List any special honors, recognitions, awards				

Relevant Special Interests/Organizations

(Do not include any labor organization, or memberships that reveal race, sex, age, veteran status, disability, or other protected status.)

Name or Description of Organization	Active Participation		Offices Held
	From	To	

Work History

(Beginning with the most recent, list all past employers, including any pertinent military experience. If self-employed, provide the business name and business references.

A job offer may be contingent upon acceptable references.)

Name of Company	Business Address City State		Phone
Type of Business	Immediate Supervisor	Dates Employed From To	
Exact Job Title			Reason for Termination
Description of Duties			

Name of Company	Business Address City State		Phone
Type of Business	Immediate Supervisor	Dates Employed From To	
Exact Job Title			Reason for Termination
Description of Duties			

Name of Company	Business Address City State		Phone
Type of Business	Immediate Supervisor	Dates Employed From To	
Exact Job Title			Reason for Termination
Description of Duties			

Name of Company	Business Address City State		Phone
Type of Business	Immediate Supervisor	Dates Employed From To	
Exact Job Title			Reason for Termination
Description of Duties			

Certification

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass an alcohol/drug screening examination; I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required and if permitted by law. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT OR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRACTICE MANAGER OR OWNER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY SUCH PERSON AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Signature

Date

FOR EMPLOYER'S USE ONLY

Reference Check

Date Called	Company Called	Person Contacted	Comments

Interview Comments Based upon Job Description



press.aahanet.org

AAHA disclaims any liability for and is not responsible for any errors that may appear in this "Application for Employment" (hereafter called Form), or for any changes, deletions, or additions to this Form, or for damages or actions brought against users of this Form as a result of such use. Users should contact their own counsel with respect to the use of this Form in their state prior to implementation.

Copyright © 2010 by American Animal Hospital Association

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or in an information storage and retrieval system, without permission in writing from the publisher.