



Eau Claire

ANIMAL HOSPITAL

2504 Mall Drive Eau Claire WI 54701 715-835-5011

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Personal Data

Date: _____

Last Name First Name Middle Name

Address City State Zip

Daytime phone at which you can be reached: _____

Evening phone at which you can be reached: _____

Position(s) Applied For: _____ Receptionist _____ Veterinary Assistant _____ Groomer

_____ Certified Veterinary Technician _____ Kennel Attendant _____ Housekeeper

I can work: _____ Days _____ Evenings _____ Part time _____ Full time _____ Holidays _____ Weekends

Number of days per week _____ Number of hours per week _____ Date available to start: _____

Ideal starting wage _____ Where would you like to be in 1 year? _____

General

Employment History: Begin with current or last job. Include military service assignments. If you include volunteer activities, you may exclude organizations that indicate race, color, religion, national origin, disability, or other protected status.

1. _____
Employer From To Duties of responsibilities

Address

Hourly/salary: _____ Start/final: _____

Job title Supervisor

Phone no.: _____

Reason for leaving

2. _____

Employer	From	To	Duties of responsibilities
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Address _____

Hourly/salary: _____ Start/final: _____

Job title _____ Supervisor _____

Phone no.: _____

Reason for leaving _____

3. _____

Employer	From	To	Duties of responsibilities
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Address _____

Hourly/salary: _____ Start/final: _____

Job title _____ Supervisor _____

Phone no.: _____

Reason for leaving _____

4. _____

Employer	From	To	Duties of responsibilities
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Address _____

Hourly/salary: _____ Start/final: _____

Job title _____ Supervisor _____

Phone no.: _____

Reason for leaving _____

Education Years Completed: 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 +

School	Location	Diploma/Degree	Studies
_____	_____	_____	_____
High School	_____	_____	_____
Trade/professional school	_____	_____	_____
_____	_____	_____	_____
College/university	_____	_____	_____

Specialized Training, Apprenticeship, Extracurricular Activities: _____

Honors, awards, copyrights, or patents

Special Job-Related Skills and Qualifications from Employment or Other Experience:

Professional, Trade, Business, or Civic Organizations/Offices

You may exclude organizations that indicate race, color, religion, national origin, disability, or other protected status.

Personal

Yes _____ No _____ If under 18 years of age, can you provide proof of eligibility to work?

Yes _____ No _____ Have you ever applied to us before?
If yes, when? _____

Yes _____ No _____ Have you ever been employed with us before:
If yes, when? _____

Yes _____ No _____ Are you presently employed?
If yes, may we contact your employer? _____

Yes _____ No _____ Do you have a relative or friend employed with us?
If yes, who? _____

Yes _____ No _____ Have you ever been convicted of a crime (other than a traffic violation)?
Conviction will not necessarily disqualify you from employment.
If yes, please explain _____

Yes _____ No _____ If applying for a position that requires driving, do you have an appropriate license?
(Unless using public transportation is acceptable.)

On what date will you be available for work? _____ Salary Desired _____

Availability:

_____ Full Time _____ Part Time _____ Shift Work _____ Temporary

References Other than Relatives

Providing this information means that you give this organization permission to contact the references listed.

1. _____
Name Address Telephone No.
2. _____
Name Address Telephone No.
3. _____
Name Address Telephone No.
4. _____
Name Address Telephone No.

APPLICANT'S ACKNOWLEDGMENT

(This application shall be considered active for no more than 45 days. After that time, applicants will be required to submit a completed application. The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and the employment.)

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

I understand that nothing in this application, or in any prior or subsequent written oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by the Eau Claire Animal Hospital, my employment will be "at-will," for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of the Eau Claire Animal Hospital or myself.

I understand that I have the right to end my employment at any time and that the Eau Claire Animal Hospital retains the same right. I also understand that no one has the authority to enter into any contract, agreement, or modification of the foregoing unless such contract, agreement, or modification is in writing and signed by Dr. Craig Johnson.

Signature

Date