

Happy Paws Veterinary Hospital L.L.C.

Please complete entire application and email back to

HappyPawsVH@gmail.com

Top applicants will be called for interview.

We are an Equal Opportunity Employer

All qualified applicants are considered regardless of race, religion, color, age, sex. Marital status, nationality, veteran status or non-disqualifying disability.

Date: _____

1. **Position applied for** _____

2. **Full Legal Name** _____
LAST FIRST MI MAIDEN

3. **Address** _____
CITY STATE ZIP

4. **Phone** Home: (_____)_____-_____-_____-_____-_____- Other (_____)_____-_____-_____-_____-_____-

Email: _____

5. **Education** **Highest Grade Completed:**_____

Post High School 1. _____
Name of College/University Status or Degree

Post High School 2. _____
Name of College/University Status or Degree

Certifications

Proficiencies / Skills

6. **Reference 1** _____

Previous Employers Only Last Name First Name
No Personal References

Relationship Phone Number

Address City, State and Zip

7. **Reference 2** _____

Previous Employers Only Last Name First Name

No Personal References

Relationship

Phone Number

Address

City, State and Zip

Work Experience: List jobs beginning with your present or most recent employer.

Employer			Duties:
Job Title			
Address			
Phone			
Tenure Years	Hire Date	Leave Date	Reason for Leaving:
Salary Start		Salary End	

Employer			Duties:
Job Title			
Address			
Phone			
Tenure Years	Hire Date	Leave Date	Reason for Leaving:
Salary Start		Salary End	

Employer			Duties:
Job Title			
Address			
Phone			
Tenure Years	Hire Date	Leave Date	Reason for Leaving:
Salary Start		Salary End	

- a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift _____ hours _____
- b. Check which job status you would accept: Full-time Part-time (specify) _____
- c. Check which employment status you would accept: Salaried (benefits) Hourly Full -Time Part-time
- d. Are you willing to accept employment which requires you to travel? No Yes If yes, During the day only, Occasionally overnight, Frequently overnight.
- e. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- f. Are you willing to provide your own transportation if necessary for your employment? Yes No
- j. Have you ever been convicted for any violation(s) of law, including moving traffic violations? Yes No If YES, please provide the following:

Description of offense:

Statute or ordinance(if known): _____ Date of Charge: _____; Date of Conviction _____

County, City, State of _____, _____,
 Conviction: _____

(For additional convictions use plain paper. Include all information listed above.)

Do you agree to consent to random drug testing? Y _____ N _____

When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

Available Date _____

CERTIFICATION

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in **Happy Paws Veterinary Hospital L.L.C.** I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date: _____

Signature: _____