



Application for Employment

*Central Pet Care appreciates receiving this application. It will be given careful consideration and considered an active application for 60 calendar days.
An Equal Opportunity Employer*

Central Pet Care Clinic does not discriminate in employment on a basis of race, color, religion, creed, national origin, disability, sex or age. No question on this Application is intended to secure information to be used for such discrimination.

Receipt of application does not imply that applicant will be employed. If applicant needs assistance in completing this application, it will be furnished By Central Pet Care Clinic.

In processing this Application, Central Pet Care Clinic may request that an investigative consumer report be prepared, which may include information as to your character, general reputation, and police record. You have the right to request that Central Pet Care Clinic disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to Central Pet Care Clinic within thirty calendar days after you complete this application.

PLEASE ANSWER EVERY QUESTION

PERSONAL INFORMATION	Full Name (Last Name First)			Social Security Number					
	Email Address			Length of time at Address					
	Address								
	City	State	Zip	Telephone Number					
	Previous Address (if Less than 1 year at above address)			Length of time at this Address					
	Type of Work or Position Desired – Please specify part time or full time			Salary Requirements					
	Do you have friends or relatives working at Central Pet Care Clinic? If so, whom?			Are you over 18 years of age?					
	How were you referred to us?		Have you ever filed an application for employment with us or been employed by us before?		Are you a United States Citizen? (If yes verification may be required)				
	Have you ever been convicted of a criminal offense <small>(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)</small>								
	NO	YES	Date:	Place:	Nature:				
EDUCATION	NAME	ADDRESS, CITY, STATE	Years Completed	Major or Type of Course	Under what name if Different				
	High School or Preparatory School								
	Trade or Business School								
	College or University								
	Graduate School								
	List Degrees and Academic honors and any courses relevant to the job for which you are applying								
SKILLS	Check the following items of work in which you are proficient or give length of experience. If you have training in a skill, but no experience write the word "TRAINING" after the skill.								
	Accounting	Filing	Microscope	Catheter Placement	Laboratory	EKG	Care of Surgical Instruments	Phone	Animal Handling
	Radiograph	Bandaging	Customer Service	Computer Skills (Describe)					

EMPLOYMENT RECORD	Starting with your present or most recent employment, list all previous employers. Include self-employment, part-time jobs and all periods of unemployment of two weeks duration or more.				
	Company		Street Address		City and State
	Dates Employed From Mo./Yr To: Mo/Yr		Starting Salary	Leaving Salary	Reason for Leaving
	Position and Duties				Name of Supervisor
	Company		Street Address		City and State
	Dates Employed From: Mo/Yr To: Mo/Yr		Starting Salary	Leaving Salary	Reason for Leaving
	Position and Duties				Name of Supervisor
	Company		Street Address		City and State
	Dates Employed From: Mo/Yr To: Mo/Yr		Starting Salary	Leaving Salary	Reason for Leaving
Position and Duties				Name of Supervisor	

MILITARY	Have you served in the armed forces of the United States?	Branch	Rank at Separation	Dates of Duty From To
	What type of training or education did you receive while in the military?			
	Are you currently in any the reserves?			

REFERENCES	Give three personal references who are mature persons of good standing in their community and who have known you for the past five years or more. Do not give relatives, your doctor, school personnel, former employers or fellow employees. You may include names of friends or acquaintances presently employed by Central Pet Care Clinic.				
	Name	Address, City, State	Telephone	Years Known	Occupation

	If presently employed, why do you desire to change your position?
	If you are now employed, may we contact your employer?
	Do you have any physical conditions which would limit your performance of the job for which you are applying? If so, explain:

AGREEMENT (Please read and understand the following statements carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information of significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date

I understand that my employment can be terminated, without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or to make any oral assurance or promise of continued employment.

I release from liability and authorize all person, school, my current employer (if applicable), references and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Applicant Signature

Date