

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

An Equal Opportunity Employer - Male/Female

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or handicap. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

PERSONAL

Social Security No. _____ Date _____

Name _____
Last First Middle

Present Address _____ Telephone Number _____

Position(s) applied for _____ Rate of pay expected \$ _____ per week

Would you work 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 spouse _____

If your application is considered favorably, on what date will you be available for work? _____ 20____

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here. Please add any additional comments you think are important for us to consider.

For Jobs with minimum age requirements:

Date of Birth _____

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

For driving Jobs only: Do you have a valid driver's license?..... Yes No

Driver's license Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years?..... Yes No

U.S. Citizen..... Yes No

If no, do you have a valid work permit?

Have you ever been convicted of a felony?..... Yes No

If yes, please explain.

Have you ever filed for Workman's Compensation?..... Yes No

If yes, please explain.

Have you previously applied here?..... Yes No

If yes, when.

Have you worked for any firm under a different name?..... Yes No

If yes, give name.

Do you have any physical conditions which would limit your performance of the job for which you are applying?

If yes, please explain _____

Would you take a physical examination if required?..... Yes No

PERSONAL REFERENCES (Not former employers or relatives)

Name and Occupation	Address	Phone Number

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Do not include racial, religious, or nationality groups)

NAME OR DESCRIPTION OF ORGANIZATION	WHEN DID YOU ACTIVELY PARTICIPATE		OFFICES HELD
	FROM	TO	

EDUCATION RECORD - NON VETERINARIANS ONLY

NAME OF SCHOOL	DATES ATTENDED		DEGREE AWARDED	GRADE AVG	HONORS
	FROM	TO			
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
BUSINESS, TRADE, CORRESPONDENCE, OR NIGHT SCHOOL					
OTHER					

DO YOU TYPE?	SHORTHAND	OFFICE MACHINES AND COMPUTERS YOU KNOW HOW TO OPERATE
<input type="checkbox"/> YES MANUAL MACHINES WPM <input type="checkbox"/> NO ELECTRIC MACHINES WPM	WPM	

EDUCATION RECORD - VETERINARIANS ONLY

NAME OF SCHOOL	DATES ATTENDED		DEGREE AWARDED	GRADE AVG	HONORS
	FROM	TO			
HIGH SCHOOL					
COLLEGE OR UNIVERSITY - PRE-VETERINARY					
COLLEGE - VETERINARY CURRICULUM					
POST-GRADUATE TRAINING, INCLUDING INTERNSHIPS (INCLUDE DATES AND DEGREES AWARDED, IF ANY)					

ARE YOU BOARD CERTIFIED? BOARD ELIGIBLE?
 WHICH SPECIALTY BOARD? _____

LIST CONTINUING EDUCATION COURSES ATTENDED IN THE PAST 18 MONTHS

LIST THE STATES IN WHICH YOU ARE LICENSED TO PRACTICE

STATE

LICENSE NUMBER

**WORK HISTORY (Beginning with the most recent,
list below all past employers, including any pertinent military experience)**

NAME OF COMPANY	BUSINESS ADDRESS	CITY	STATE	PHONE NUMBER
TYPE OF BUSINESS	IMMEDIATE SUPERVISOR	DATE EMPLOYED FROM	TO	
EXACT JOB TITLE	EARNINGS AT HIRE	AT TERMINATION	REASON FOR TERMINATION	
DESCRIPTION OF DUTIES				

NAME OF COMPANY	BUSINESS ADDRESS	CITY	STATE	PHONE NUMBER
TYPE OF BUSINESS	IMMEDIATE SUPERVISOR	DATE EMPLOYED FROM	TO	
EXACT JOB TITLE	EARNINGS AT HIRE	AT TERMINATION	REASON FOR TERMINATION	
DESCRIPTION OF DUTIES				

NAME OF COMPANY	BUSINESS ADDRESS	CITY	STATE	PHONE NUMBER
TYPE OF BUSINESS	IMMEDIATE SUPERVISOR	DATE EMPLOYED FROM	TO	
EXACT JOB TITLE	EARNINGS AT HIRE	AT TERMINATION	REASON FOR TERMINATION	
DESCRIPTION OF DUTIES				

NAME OF COMPANY	BUSINESS ADDRESS	CITY	STATE	PHONE NUMBER
TYPE OF BUSINESS	IMMEDIATE SUPERVISOR	DATE EMPLOYED FROM	TO	
EXACT JOB TITLE	EARNINGS AT HIRE	AT TERMINATION	REASON FOR TERMINATION	
DESCRIPTION OF DUTIES				

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect sediments may render this application void, and if employed, would be cause for termination. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of the termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck(s) all monies due and owing to the company.

Signature _____ Datre _____

Name

Maiden Name (if appl.)

Date of Birth

Social Security Number

Address

Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing a criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by General Court Martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence.

Yes No

In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? If answer is yes, furnish details. Yes No

I acknowledge that the above information is true to the best of my knowledge.

Applicant Signature

Pursuant to 21 CFR 1305 (Controlled Substance Act of 1970), I authorize and allow Troy Animal Hospital to make inquiries into possible pending charges or convictions due to the fact that within the job description for which I have applied, access to Controlled Substances clearly exists. It is understood that this information will be treated in confidence and in accordance with fair employment practice.

I understand that any false information or omission of information will jeopardize my position with respect to employment.

The information furnished or recovered as a result of any inquiry will not necessarily preclude employment, but will be considered as part of an overall evaluation of my qualifications.

Applicant Signature

NOTIFICATION AND AUTHORIZATION FORM FOR EMPLOYMENT CREDIT REPORT

I authorize Troy Animal Hospital/Bird Clinic to obtain a credit report on myself through the credit reporting agency of it's choice. If employed, I further authorize Troy Animal Hospital/Bird Clinic to check my credit record, as needed, on a continuing basis as it relates to my employment.

If an adverse employment decision is made due totally or partially to the information on the credit report, I will be provided with a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them if I wish.

Name

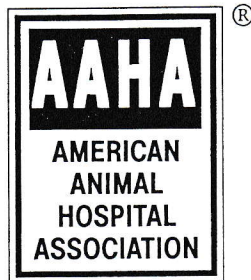
Date

FOR EMPLOYER'S USE ONLY

Reference Check

Date Called	Company Called	Person Contacted	Comments

Interview Results



Published as a membership service by the American Animal Hospital Association

"The objective of the AAHA is to improve the quality of medical care and service to pet animals and the pet-owning public by promoting the universal acceptance of high standards for all aspects of veterinary practice and to represent and speak out as the one voice for small animal veterinary medicine."

AAHA believes that the information solicited from the applicant is in full compliance with all Federal equal employment laws. AAHA does not assume responsibility for the user's inclusion in this "Application for Employment" of any question which may violate Federal, state, or local laws and users should contact their own counsel with respect to any legal questions regarding the use of this form.