



APPLICATION FOR EMPLOYMENT

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

(Please Print Clearly)

Date: _____

Name: _____
(Last) (First) (Middle)

If you have worked under another name/maiden name, please give name(s): _____

Home Phone: _____ Cell _____ Other _____

Best Place to call: Home Cell Other Best time: AM PM

Street Address _____ City _____ State _____ Zip _____

Position Applied for _____ Rate of pay expected _____ per hr

Would you work: Full Time Part Time On what date would you be available to start? _____

Hours Available & Willing to Work: Daytime M-F Evenings Saturday Sunday Holidays

Have you previously applied or worked here? _____

List any friends or family already employed here: _____

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

Are you 18 years of age or older? _____ Yes _____ No

For driving jobs only, do you have a valid driver's license? _____ Yes _____ No

Has your license been suspended or revoked in the last 3 years? _____ Yes _____ No

If hired, can you furnish proof you are eligible to work in the United States? _____ Yes _____ No

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

(A yes answer does not automatically disqualify you. The nature of the offense, date, and job for which you are applying will be considered.)

Education Record	Institution Name	Address	Degree Awarded
High School:			
College/University:			
Business/Trade/Correspondence/ Night School:			
Other:			

Are you currently attending school? _____

If no, do you have plans to return to school? _____

Membership in Professional or Civic Organizations: (Do not include racial, religious, or nationality groups)	Dates of Participation	Offices Held

Work History: Begin with most recent employment and list all past employers, including military experience (use additional sheet if necessary)

Name of Company:		Address:		Phone:	
Type of Business:		Supervisor:		Dates Employed From: To:	
Job Title:		Pay at Hire:	Pay at Termination:	Reason for Termination:	
Description of Duties:					

Name of Company:		Address:		Phone:	
Type of Business:		Supervisor:		Dates Employed From: To:	
Job Title:		Pay at Hire:	Pay at Termination:	Reason for Termination:	
Description of Duties:					

Name of Company:	Address:		Phone:	
Type of Business:	Supervisor:		Dates Employed From: To:	
Job Title:	Pay at Hire:	Pay at Termination:	Reason for Termination:	
Description of Duties:				

Name of Company: Work History (continued):		Address:		Phone:
Type of Business:		Supervisor:	Dates Employed From: To:	
Job Title:		Pay at Hire:	Pay at Termination:	Reason for Termination:
Description of Duties:				

Name of Company:		Address:		Phone:
Type of Business:		Supervisor:	Dates Employed From: To:	
Job Title:		Pay at Hire:	Pay at Termination:	Reason for Termination:
Description of Duties:				

Name of Company:		Address:		Phone:
Type of Business:		Supervisor:	Dates Employed From: To:	
Job Title:		Pay at Hire:	Pay at Termination:	Reason for Termination:
Description of Duties:				

Describe other skills or experience that may qualify you for this position:

Why did you leave your previous job or why are you thinking of leaving your current job?

Have you ever been fired from a job? If so why?

What kind of working environment do you desire in a new employment situation?

How does this position fit your long term career objectives?

Describe your strengths:

Describe your weaknesses:

How do you accept criticism?

Do you have pets? If so what kind and how many?

Why should we select you for this position?

Please provide professional (past employer or co-worker) references:

Name	Position	Company	Phone Number

Release and Affidavit:

As an applicant for a position with Crown Veterinary Specialists & Associates, I have been asked to provide information concerning my experience, qualifications, and prior employment. This release authorizes investigation of my past and present work, character, education, military and police records in order to obtain any and all information that may be relevant to my application for employment. 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 obtained from neighbors, friends, former employers, schools, and others. 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 I may obtain a complete disclosure of the nature and scope of the investigation.

By signing below, I authorize and agree to cooperate in the investigation and release Crown Veterinary Specialists & Associates as well as its owners and employees from all liability or responsibility in connection with conduction of the investigation. I further release any and all persons, current or previous employers, business entities, schools, and organizations who provide relevant information and opinions that may be useful in making a hiring decision from any legal liability in making such statements to Crown Veterinary Specialists & Associates.

I also authorize and agree to submit to random drug testing as requested by Crown Veterinary Specialists & Associates at any time, with or without cause and with or without notice.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definitive period of time. 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 cause and with or without notice.

I have read and understand and by my signature consent to this release and affidavit.

Signature: _____ Date: _____