



EL CAJON VALLEY VETERINARY HOSPITAL

560 N. JOHNSON AVENUE • EL CAJON, CA 92020 • 619-444-9491 • FAX: 619-444-9306

Employment Application

An Equal Opportunity Employer

Please Print

_____	_____	_____	_____
Date	Last Name	First Name	Middle
Present Address			
_____		_____	_____
No. & Street		City	State Zip
Permanent Address (if different from present address)			
_____		_____	_____
No. & Street		City	State Zip
_____		_____	
Business Phone	Home Phone		

Employment Desired

Position applying for: _____

Personal Information

Have you ever applied to or worked for EL CAJON VALLEY VETERINARY HOSPITAL before?
Yes No

If yes, when? _____

Do you have any friends or relatives working for EL CAJON VALLEY VETERINARY HOSPITAL?
Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at EL CAJON VALLEY VETERINARY HOSPITAL ?

_____ Yes No
If hired, would you have a reliable means of transportation to and from work?

_____ Yes No
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)

_____ Yes No
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
 If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No
 If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Training	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____ Telephone No. _____
Type of Business _____ Your Supervisor's Name _____
Address & Street _____ City _____ State _____ Zip _____
Dates of Employment: _____ Weekly Pay: _____
From _____ To _____ Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone No. _____
Type of Business _____ Your Supervisor's Name _____
Address & Street _____ City _____ State _____ Zip _____
Dates of Employment: _____ Weekly Pay: _____
From _____ To _____ Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____ Last Name _____ Telephone No. _____
Address & Street _____ City _____ State _____ Zip _____
Occupation _____ No. of Years Acquainted _____

References, continued

_____ First Name	_____ Last Name	_____ Telephone No.
_____ Address & Street	_____ City	_____ State Zip
_____ Occupation	_____ No. of Years Acquainted	
_____ First Name	_____ Last Name	_____ Telephone No.
_____ Address & Street	_____ City	_____ State Zip
_____ Occupation	_____ No. of Years Acquainted	

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize EL CAJON VALLEY VET. HOSPITAL, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company. I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

Date

Applicant's Signature

PERSONAL INTERESTS AND HOBBIES: _____

Working at EL CAJON VALLEY VETERINARY HOSPITAL does require a moderate amount of physical work and strength. You must be able to lift 60 pounds. Lifting, bending, and kneeling are done on a regular basis. Do you have any physical limitations that preclude you from performing any work as described? _____

EMERGENCY CONTACT:

<u>(NAME)</u>	<u>(ADDRESS)</u>	<u>PHONE</u>	<u>(RELATIONSHIP)</u>
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