



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 ?

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? Yes No

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: _____ From To	Weekly Pay: _____ Starting Ending
Your Position and Duties	
Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> 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	

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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