

Waconia Veterinary Clinic, PA

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, familial status, veteran status, sexual orientation, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	<i>Number</i>	<i>Street</i>
	<i>City</i>	<i>State</i>
	<i>Zip Code</i>	
Telephone Number(s)	Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Can you travel if a job requires it?

Yes

No

Are you a veteran?

Yes

No

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, creed, gender, familial status, national origin, age, disability, marital status, veteran status, sexual orientation, genetic information or any other legally protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Please disclose any prior employment terminations or other disciplinary action you have received for threats of violence.

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal race, color, religion, creed, gender, national origin, age, disability, marital status, familial status, veteran status, sexual orientation, genetic information, or any other legally protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ YES _____ NO

References

1.	_____ () _____
	(Name) Phone #

	(Address)
2.	_____ () _____
	(Name) Phone #

	(Address)
3.	_____ () _____
	(Name) Phone #

	(Address)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby understand that this position is subject to the requirements of state drug and alcohol testing and that the Firm may condition any offer of employment upon the successful passing of a drug and alcohol test.

Signature of Applicant

Date

WACONIA VETERINARY CLINIC, P.A.

WRITTEN RELEASE FOR PUBLIC RECORDS SEARCH

In connection with my application for employment with Waconia Veterinary Clinic, P.A., I understand that a report may be obtained or caused to be prepared for employment purposes. I understand that I have the right to request in writing a complete and accurate disclosure of the nature and scope of the report. I authorize Waconia Veterinary Clinic, P.A. and/or any agent acting on behalf of Waconia Veterinary Clinic, P.A., to perform a criminal and civil judgment, tax liens, assets, bankruptcy, education and degree verification of any educational institutions listed on my job application, and an Accurint public records search for all records to the full extent available including information available under the Gramm-Leach-Bliley Act. I acknowledge that such a search is relevant and necessary for Waconia Veterinary Clinic, P.A. to perform, given the nature of the job/position I am applying for or am currently employed in with Waconia Veterinary Clinic, P.A. Such public search I specifically authorize and may be performed with my consent. I unconditionally release Waconia Veterinary Clinic, P.A. and its agent from any and all liability in conducting this search. A photocopy of this signed Release shall have the same force and effect as the original Release signed by me. This Release may also be electronically executed.

The expiration of this authorization shall occur no later than one year from the date of my signature.

Dated: _____
Signature

Last Name of Applicant First Name Full Middle Name

Home Address City State Zip Code

Social Security Number

I would like to receive a copy of the report.