

Adobe Veterinary Center

Send to: 8300 E. Tanque Verde Rd., Tucson, AZ 85749
Fax (520) 620-3403

PLEASE NOTE: WE DO BACKGROUND CHECKS

Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin or other protected classification.

Name _____ Date _____
Last First M.I.

Address _____
Street City State Zip

Telephone number _____ Email Address _____

Do you have the right to work in the U.S.? Yes ____ No ____

Position applied for _____

When can you start? _____

How did you learn of this opening? _____

Why are you interested in this position? _____

Are there any hours, shifts or days you cannot or will not work? _____

Are you interested in a part-time _____ or full-time _____ position?

Are you aware that working in a veterinary practice may require you to work extra hours or overtime some days in order to provide emergency care for our patients? Yes ____ No ____

Are you willing and able to work these extra hours? Yes ____ No ____

Do you have an allergy or other medical condition which would limit your capacity or be aggravated by the job for which you have applied? Yes ____ No ____

If yes, what can be done to accommodate your limitation. _____

Have you ever been convicted of a felony? Yes ____ No ____
(Conviction will not necessarily disqualify an applicant for employment.)

If yes, describe conditions. _____

Accident Record and Traffic Convictions for past 3 years, include dates. (Do not include parking violations.)

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Education History

High School graduate? Yes_____ No_____ GED_____

School Name and Location Dates Attended Major Degree/Diploma

College

Graduate School

Other

Work History

(past 7 years – most recent first)

Employer_____

Name	Address	Telephone
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Date Started_____ Starting Salary_____ Starting Position_____

Date Left_____ Leaving Salary_____ Leaving Position_____

Name & Title of Supervisor_____

Description of Duties_____

Reason for Leaving_____

Employer_____

Name	Address	Telephone
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Date Started_____ Starting Salary_____ Starting Position_____

Date Left_____ Leaving Salary_____ Leaving Position_____

Name & Title of Supervisor_____

Description of Duties_____

Reason for Leaving_____

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Employer _____
Name Address Telephone

Date Started _____ Starting Salary _____ Starting Position _____

Date Left _____ Leaving Salary _____ Leaving Position _____

Name & Title of Supervisor _____

Description of Duties _____

Reason for Leaving _____

Employer _____
Name Address Telephone

Date Started _____ Starting Salary _____ Starting Position _____

Date Left _____ Leaving Salary _____ Leaving Position _____

Name & Title of Supervisor _____

Description of Duties _____

Reason for Leaving _____

In addition to your work history, what other experiences, skills or qualifications should we know about that would pertain to the position you are applying for. _____

Character References

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked unless I have indicated to the contrary.

I authorize the references listed above and other individuals who you may contact to provide any and all information concerning my previous employment and any other pertinent information that they may have. Furthermore, I release all parties and persons from any and all liability for damages that may result from furnishing such truthful information as well as from the disclosure of such information by the employer or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the practice, as amended from time to time in its discretion. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the employer. I understand that no employee or representative of the practice other than its owner(s) has the authority to enter into agreement for employment for any specified period of time or to make any agreement contrary to that stated in this form. Furthermore, the owner(s) of the practice may not alter the at-will nature of the employment relationship unless he/she/they does(do) so in writing.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Applicant Signature _____ Date _____