

# Town and Country Animal Clinic Employment Application



## PERSONAL INFORMATION

Name Last	First	Middle	Date / /
Home Address		City	State Zip
Phone: Cellular or Landline ( )	May we text you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
E-mail			
Position Applying For	Date Available	Are you interested in (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer	
Days and hours available		Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Day	Mon	Tues	Wed
	Thurs	Fri	Sat
From			
To			
How were you referred to us? _____			
What rate of pay do you expect to receive if employed? _____			

## EDUCATION

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Attended	Graduated (Check One)
High School	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			
College	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			
Graduate School	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			
Other	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			

## EXPERIENCE

Please list any veterinary experience you have:

**Applicant's Name:** \_\_\_\_\_  
 (Last) (First) (Middle)

**EMPLOYMENT HISTORY**

List employment starting with your most recent position. You may include a description of verified work performed on a volunteer basis.  
 Is any additional information relative to a different name necessary to check your work record?  
 If yes, explain.  Yes  No

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY OR WAGES	REASON FOR LEAVING
From: _____ / _____ mo. yr.	Name	Your Job Title		Starting	
To: _____ / _____ mo. yr.	City	Supervisor		Final	
	State Phone ( )				
From: _____ / _____ mo. yr.	Name	Your Job Title		Starting	
To: _____ / _____ mo. yr.	City	Supervisor		Final	
	State Phone ( )				
From: _____ / _____ mo. yr.	Name	Your Job Title		Starting	
To: _____ / _____ mo. yr.	City	Supervisor		Final	
	State Phone ( )				
From: _____ / _____ mo. yr.	Name	Your Job Title		Starting	
To: _____ / _____ mo. yr.	City	Supervisor		Final	
	State Phone ( )				

Have you previously applied for work or worked for Town and Country Animal Clinic? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally authorized to work in the United States?  Yes  No  
 (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Acts of 1986.)

Have you ever been convicted of or plead guilty to (including a plea of nolo contendere) a misdemeanor at any time within the past 5 years?  
 Yes  No  
 If yes, please explain in full:

Have you been convicted of or plead guilty to (including a plea of nolo contendere) a felony (you are not obligated to disclose sealed, erased or expunged records of conviction(s) or records of arrests or criminal charges which did not result in a conviction)?  Yes  No  
 If yes, please explain offense and final disposition:

(A conviction will not necessarily disqualify an applicant from employment.)

**Applicant's Name:** \_\_\_\_\_  
(Last) (First) (Middle)

Federal, State, and local laws prohibit discrimination based on race, color, sex, religion, affectional or sexual orientation, national origin, ancestry, age, physical or mental disability that does not affect ability to perform essential job function(s) with or without reasonable accommodation, or any other protected status not listed in this statement. Your application will be considered in full accord with applicable Federal, State, and local requirements.

**PLEASE READ CAREFULLY**

"I declare that the information provided by me is complete, accurate and true to the best of my knowledge. I understand that any falsification, misrepresentation or omission on this application (or any other accompanying or required documents) may preclude an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the falsification, misrepresentation or omission is discovered."

"I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation."

"I understand that drug screenings may be required and requested at any time and will be paid for by the employer. Failure on my part to participate in such screening or failure to pass the screening may be cause for immediate termination of my employment".

"If hired, I agree to abide by all of the company rules and regulations. (If applicable in this state), I agree that, just as I have, if hired, the right to terminate my employment at any time, with or without cause and with or without notice, the company may terminate my employment at any time, with or without cause or notice. I understand that no manager or representative of the company, other than its president, owner or designee, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing either now, in the past or in the future. I further understand that such an agreement must be in writing and signed by the president, owner or designee for it to be binding on either myself or the company. I further understand that this statement supersedes any prior oral or written understanding and bars any future oral understanding to the contrary."

"I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me."

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED