

Horizon Animal Hospital Application for Employment

Today's date: _____

Name: _____

Phone #'s: _____ E-mail: _____

Current Street Address: _____

City, State: _____ Zip Code: _____

Position you are apply for: _____ Referred by: _____

Do you want Full Time Part Time **If seeking part time how many hours/week: _____

Please specify days and hours you are available to work Monday through Sunday:

Day of the week:	Mon: Yes/No	Tues: Yes/No	Weds: Yes/No	Thurs: Yes/No	Fri: Yes/No	Sat: Yes/No	Sun: Yes/No
Hours Available:							

Are you currently employed? Yes No If yes, may we contact your current employer Yes No

Date you can start: _____ Have you applied with our clinic before? Yes No

Desired rate of pay _____

Former Employers (List below last 3 employers, starting with last one first)

Date (month/year): From _____ To _____

Name of Company: _____

Phone Number & Location: _____

Position Held: _____ Salary \$ _____

Reason for Leaving: _____

Date (month/year): From _____ To _____

Name of Company: _____

Phone Number & Location: _____

Position Held: _____ Salary \$ _____

Reason for Leaving: _____

Date (month/year): From _____ To _____

Name of Company: _____

Phone Number & Location: _____

Position Held: _____ Salary \$ _____

Reason for Leaving: _____

Horizon Animal Hospital Application for Employment

(Pg. 2 of 3)

Education:

	Name & Location	Years Attended:	Graduation Date: (month/year)	Subjects Studied:
High School				
College				
Specialty/Technical Training				

1. Do you have any special skills, training, or experience you would to let us know of?

2. Please write out your goals for the position in which you are applying:

3. Please write out your understanding of the purpose of a veterinary practice:

4. Please write a brief description on why you feel you would make an ideal team member and how you would benefit our practice:

Horizon Animal Hospital Application for Employment

(Pg. 3 of 3)

Personal References:

(Please give the names of three I references not related to you, whom you have known for at least one year)

Name:	Relationship to you:	Phone Number/Email:	Years Known:

Have you ever been convicted of a crime? Yes No

If yes, please explain nature of crime and date(s) of conviction:

AUTHORIZATION---READ BEFORE SIGNING BELOW

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.”

“I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

“I understand that Horizon Animal Hospital my perform drug and alcohol testing as pre-employment testing as well as testing after employment; consent to and compliance with such policy is a condition of my employment; and continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.”

“This waiver does not permit the release of use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature: _____

Date: _____

**Thank you for applying with our hospital.
We appreciate your time, effort, and interest in joining our team!**