

# APPLICATION FOR EMPLOYMENT

(Please print clearly)

## An Equal Opportunity Employer

Our practice does not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, disability, or any other status protected by applicable law or regulation. It is our intent that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_ Phone: \_\_\_\_\_  
No. Street City State Zip

Position applied for \_\_\_\_\_ Email address: \_\_\_\_\_

Employment you are seeking  Full-time  Part-time Specify days and hours if part-time \_\_\_\_\_

Were you previously employed by this organization? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working here, other than spouse \_\_\_\_\_

Are there any other work experiences, skills, or qualifications that you feel would especially qualify you for employment here?  
Please add any additional comments you think are important for us to consider. Use an additional sheet of paper if necessary.

If hired, can you furnish proof you are eligible to work in the United States?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please explain \_\_\_\_\_

Have you previously applied here?  Yes  No

If yes, when? \_\_\_\_\_

Have you worked for any entity under a different name?  Yes  No

If yes, give name \_\_\_\_\_

If you are applying for a position with minimum age requirements, you may be required to submit proof of age.

For jobs with minimum age requirements: Are you 18 years of age or older?  Yes  No

For driving positions only: Do you have a valid driver's license?  Yes  No

Driver's license number \_\_\_\_\_ Type/Class of license \_\_\_\_\_ State \_\_\_\_\_

Has your driver's license been revoked or suspended in the last 3 years?  Yes  No

**Personal References (not former employers or relatives)**

Name and Occupation	Address	Phone

**Education Record – Non-veterinarians only**

Name of School	Years Completed	Degree Awarded	Grade Average	Honors
High School				
College or University				
Business, Trade, Correspondence, or Night School				
Other				
Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, _____ WPM				
List office machines, computers, and software you are qualified to operate				
List any special honors, recognitions, awards				

**Education Record – Veterinarians Only**

Name of School	Years Completed	Degree Awarded	Grade Average	Honors
High School				
College or University (Pre-Veterinary)				
College (Veterinary Curriculum)				
Postgraduate Training (including internships, dates, and degrees awarded, if any)				
Are you board certified? <input type="checkbox"/> Board eligible? <input type="checkbox"/> Which specialty board				
List continuing education courses completed in the past 18 months				
List the states in which you are licensed to practice along with license numbers				
List any special honors, recognitions, awards				

**Relevant Special Interests/Organizations**

*(Do not include any labor organization, or memberships that reveal race, sex, age, veteran status, disability, or other protected status.)*

Name or Description of Organization	Active Participation		Offices Held
	From	To	

## Work History

(Beginning with the most recent, list all past employed, including any pertinent military experience. If self-employed, provide the business name and business references.  
A job offer may be contingent upon acceptable references.)

Name of Company		Business Address City State		Phone
Type of Business	Immediate Supervisor		Dates Employed From To	
Exact Job Title	Earnings At Hire At Termination		Reason for Termination	
Description of Duties				

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Exact Job Title	Earnings At Hire At Termination		Reason for Termination	
Description of Duties				

## Certification

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass an alcohol/ drug screening examination: I hereby consent to a pre- and/or post-employment drug screen as condition of employment, if required and if permitted by law. I understand that if I am extended an offer of employment if may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do work for which I am applying. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT OR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRACTICE MANAGER OR OWNER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY SUCH PERSON AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature, consent to these statements.

Signature

Date

**FOR EMPLOYER'S USE ONLY**

Reference Check

Date Called	Company Called	Person Contacted	Comments

Interview Comments Based upon Job Description



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Date: \_\_\_\_\_

ORCHID SPRINGS  
ANIMAL HOSPITAL

I, (NAME) \_\_\_\_\_, of (ADDRESS) \_\_\_\_\_,  
\_\_\_\_\_, hereby agree, upon a request made under the drug testing policy of ORCHID  
SPRINGS ANIMAL HOSPITAL of 615 Overlook Drive, Winter Haven, Florida 33884, to submit to a drug test and furnish a  
sample of my urine, breath, and/or blood for analysis.

**I understand and agree that employment is contingent to negative drug results.**

I further authorize and give full permission to have the Employer and/or its Employer physician send the specimen or  
specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the  
policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the  
Employer and/or to any governmental entity involved in a legal proceeding or investigation connected with the test.

Finally, I authorize the Employer to disclose any documentation relating to such test to any governmental entity involved  
in legal proceeding or investigation connected with the test.

I will hold harmless the Employer, Employer physician, and any testing laboratory the Employer might use, meaning that  
I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including  
loss of employment or any other kind of adverse job action that might arise as a result of the drug test, even if a  
Employer or laboratory representative make an error in the administration or analysis of the test or reporting of the  
results.

I will hold further harmless the Employer, its Employer physician, and any testing laboratory the Employer might use for  
any alleged harm to me that might result from the release or use of information or documentation relating to the drug  
test, as long as the release or use of the Information is within the scope of this policy and the procedures as explained in  
the paragraph above.

This policy and authorization have been explained to me in a language I understand and I have been told that if I have  
any questions about the test or policy, they will be answered.

I understand that the Employer will require a drug screen test under this policy whenever I am involved in an on-the-job  
accident or injury under circumstances that suggest possible involvement of influence of drugs in the accident or injury  
event.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_