

# Bradenton Veterinary Hospital

PLEASE COMPLETE THE FOLLOWING INFORMATION:

**Job Applied For:**  Receptionist  CVT  Assistant  Veterinarian  Other \_\_\_\_\_

HOW DID YOU LEARN ABOUT THIS POSITION?

- Newspaper (List Publication) \_\_\_\_\_
- Website (List website) \_\_\_\_\_
- Employee Referral \_\_\_\_\_
- Friend \_\_\_\_\_
- Other \_\_\_\_\_

# Bradenton Veterinary Hospital EMPLOYMENT APPLICATION

*An Equal Opportunity Employer*

**TYPE or PRINT in INK** Please complete the application by typing or clearly printing in dark ink.

<b>JOB Wanted</b>	Hours available
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### NAME AND ADDRESS

NAME (LAST, FIRST, MIDDLE.):			HOME TELEPHONE (include area code):	
MAILING ADDRESS:			WORK TELEPHONE (Provide only one including area code):	
CITY	STATE	ZIP CODE:	Cell Phone (include area code):	
EMAIL ADDRESS:				

<input type="checkbox"/> PRESENT EMPLOYER <input type="checkbox"/> LAST EMPLOYER (Check one):	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	CITY AND STATE:
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### WORK SCHEDULE AVAILABILITY

Check Only One:	Check Only One:	Date You Can Report For Work:
<input type="checkbox"/> PERMANENT	<input type="checkbox"/> FULL TIME <input type="checkbox"/> FULL OR PART TIME	
<input type="checkbox"/> SEASONAL <input type="checkbox"/> EITHER	<input type="checkbox"/> PART TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> ANY	

### EMPLOYEE HISTORY

The DEA requires us to ask these types of questions of every applicant.

Have you ever been convicted of a crime which may relate to working at a veterinary hospital? Or, within the past seven years have you been formally charged with committing any criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence. A conviction record will not necessarily disqualify you from employment.  
 Yes     No

Have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details.     Yes     No  
 Details(use back if necessary):

Have you ever worked while under the influence of drugs or alcohol?     Yes     No

### EDUCATION / TRAINING HISTORY

List colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one)     YES     NO

	Name and Location Of School, College, or University	Course of Study (List Major)	Credits Earned	Did You Graduate? (Yes / No)	Degree or Certificate Received
<b>A</b>					
<b>B</b>					
<b>C</b>					

### LICENSE / REGISTRATION / CERTIFICATE

List any professional license, registration, certificate, Commercial Driver's License (CDL), etc.

Description	State	Number	Expiration

**SPECIALIZED SKILLS AND KNOWLEDGE**

List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

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**WORK HISTORY**

<b>JOB NUMBER 1 (current or most recent position)</b>	
NAME OF EMPLOYER	EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS	SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE	SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:
FROM (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:
TO (MONTH - YEAR)	
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (Average)
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):	
Reason for leaving this position:	

<b>JOB NUMBER 2</b>	
NAME OF EMPLOYER	EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS	SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE	SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:
FROM (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:
TO (MONTH - YEAR)	
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):	
Reason for leaving this position:	

## WORK HISTORY

<b>JOB NUMBER 3</b>		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE		<input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	If you checked any of these boxes, list the number of employees and their job titles:
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

<b>JOB NUMBER 4</b>		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	If you checked any of these boxes, list the number of employees and their job titles:

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

### CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- ◆ I certify that all statements contained herein are true and complete.
- ◆ I understand that if hired, I must prove that I am legally authorized to work in the United States.
- ◆ I authorize the **Bradenton Veterinary Hospital** to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- ◆ I authorize the **Bradenton Veterinary Hospital** to check my driving record if the position for which I am applying requires driving.
- ◆ I authorize the **Bradenton Veterinary Hospital** to run a credit history check and criminal history background check as a condition of employment.
- ◆ I release the **Bradenton Veterinary Hospital** and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.

PRINT FULL NAME	DATE:
APPLICANT'S SIGNATURE	

## CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand that, as a condition of my consideration for employment with Bradenton Veterinary Hospital, or as a condition of my continued employment with Bradenton Veterinary Hospital, Bradenton Veterinary Hospital may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Bradenton Veterinary Hospital's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Bradenton Veterinary Hospital will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with Bradenton Veterinary Hospital. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant or Employee

### Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from the final paycheck(s) all monies due and owing to the company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE **BRADENTON VETERINARY HOSPITAL**