



**SOUTHWEST ANIMAL HOSPITAL**  
**APPLICATION FOR EMPLOYMENT**

Applicants will receive consideration for employment without regard to race, color, religion, national origin, sex, age, disability, military and/or veteran status, genetic information, or any other protected status under federal, state, or local law. Applicants requiring reasonable accommodation(s) during the application/interview process should contact Hospital Manager, Robert Beddoe. Applications will be kept on file for 6 months.

**PLEASE PRINT**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address/City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Are you at least 16 years of age? \_\_\_\_\_

Are you applying for a: Full-Time \_\_\_\_\_ or Part-Time \_\_\_\_\_ position?

What are the numbers of hours a week you are expecting? \_\_\_\_\_

Fill in the hours you would be available for each day.

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

**EDUCATION AND TRAINING**

Do you have a High School Diploma or GED? \_\_\_\_\_

Beginning with the most recent, list Education/Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you in school now? \_\_\_\_\_ If yes, where? \_\_\_\_\_

What experience or training do you have with animals/animal care? \_\_\_\_\_

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What office experience or training do you have?

Computers \_\_\_\_\_ Phone System \_\_\_\_\_ Filing \_\_\_\_\_ Typing/WPM \_\_\_\_\_

Please list the computer software you are familiar with: i.e. AVImark, word, excel etc. \_\_\_\_\_

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**EMPLOYMENT RECORD: BEGIN WITH THE MOST RECENT**

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Wage: \_\_\_\_\_

Wage: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Wage: \_\_\_\_\_

Wage: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Are you currently employed? \_\_\_\_\_

May we contact your employer? \_\_\_\_\_

Desired Wage: \_\_\_\_\_

On what date would you be available to start? \_\_\_\_\_

**REFERENCES** (Do not include relatives)

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**ACKNOWLEDGMENT**

I certify that all the statements made herein and all other information provided to Southwest Animal Hospital in regard to my application and employment are true and complete. I understand and agree any false information, misrepresentation or omission of fact(s) will result in my disqualification from consideration for employment or, if employed, my dismissal.

I understand that all information contained in this application is subject to verification and consent to investigations of reference with former employers and educational institutions listed. I release all parties and authorize all persons, schools, companies, corporations, and law enforcement agencies to supply any information concerning my background.

I further acknowledge that this application is not a contract, offer, or promise of employment, and that employment with Southwest Animal Hospital is at-will. I understand that if hired, no one other than the Owner has the authority to enter into an employment contract or agreement with me, and that employment agreements are binding only if in writing and signed by the Owner.

I understand any offer of employment may be contingent upon successful completion of certain pre-employment, post offer checks/examinations related to the position for which I have applied, such as drug screening, criminal background check, and/or credit check. If applicable, authorization for such checks/examinations will be requested prior to completion. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug-testing under certain circumstances during my employment.

I have read, understand, and agree to the above statements.

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