



Employment Application

Name (First) (Middle) (Last)

Address

City State Zip Code

() ()
Telephone: (Home) (Cell)

How did you learn about us? _____

Date: _____

Employment Desired: Full-Time
 Part-Time

Position(s) Applying for:
 Animal Care Technician / Kennel
 Receptionist
 Technician
 Bather
 Other: _____

Educational History

	Name & Location	# of Years Attended	Graduated	Degree Earned
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical/Secretarial/ GED/Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

For reference purposes, have you ever been known by any other name? Yes No If Yes, please state name: _____

Please list any awards, activities or organizations in which you are a member; (excluding those which indicate the race, color, religion, national origin, or ancestry of its members): _____

Are you under the age of 18? Yes No

If Yes, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No

If Yes, please give dates and positions held: _____

Do you have any relatives currently employed with Cascade Hospital for Animals? Yes No

If Yes, please indicate who: _____

Within the past five years, have you been convicted of a felony, or within the past two years, of any Misdemeanor or are you presently formally charged with committing a criminal offense? Yes No

(Do not include any traffic violations, juvenile offenses or military convictions, except by court-martial)

If the answer is yes, furnish details of conviction, offense, location, date and sentence:

Within the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? Yes No

If the answer is yes, furnish details: _____

Availability

Please indicate below, any days and times that you are **NOT** available to work

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Employment History

Start with present or most recent employer. You may include military service, summer position and volunteer work experience. (Please attach a separate page as needed to fully cover your employment history.)				May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates of Employment	Name & Address	Supervisor	Position Title	Salary	
Start: / /	Name:	Supervisor:	Position Title:	Starting Salary \$ _____	Hr. Yr.
End: / /	Address:	Number: ()	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Ending Salary \$ _____	Hr. Yr.
Reason(s) for Leaving:					
Start: / /	Name:	Supervisor:	Position Title:	Starting Salary \$ _____	Hr. Yr.
End: / /	Address:	Number: ()	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Ending Salary \$ _____	Hr. Yr.
Reason(s) for Leaving:					
Start: / /	Name:	Supervisor:	Position Title:	Starting Salary \$ _____	Hr. Yr.
End: / /	Address:	Number: ()	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Ending Salary \$ _____	Hr. Yr.
Reason(s) for Leaving:					

Have you ever been discharged or requested to resign from a position? Yes No

If you answered Yes, please explain: _____

Equal Employment Opportunity and Disability Accommodation:

Cascade Hospital for Animals is an equal opportunity employer and subscribes to a policy of nondiscrimination in all aspects of employment. Cascade Hospital for Animals will not discriminate on the basis of race, creed, ancestry, color, religion, national origin, sex, age, height, weight, marital status, disability, or any other reason prohibited by applicable laws.

Under Michigan law, a job applicant may not be discriminated against in his/her application for employment because of a disability that can be reasonably accommodated to enable the employee to apply for the job. Disabled employees [job applicants] who believe accommodation is needed to perform a job [apply for the job] must notify the Hospital Administrator in writing of the need for accommodation within 182 days after the date the employee [job applicant] knew or reasonably should have known that an accommodation was needed.

Applicant's Consent and Understanding

Upon signing this application, I affirm that the information provided on this Application (and accompanying resume and notes, if any), is true and complete. I understand that any false information, representations, or omissions – oral or written – may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date. I understand my employment is conditional upon the Hospital obtaining information, including, but not limited to my employment history, education, credit, including disciplinary record, general reputation and character. I authorize Cascade Hospital for Animals to obtain such information or verification from any sources as Cascade Hospital for Animals requires without any obligation to give me written notice of such disclosure. I understand that this serves as notice under the Federal Fair Credit Reporting Act that a consumer report to obtain such information may be procured. I hereby release Cascade Hospital for Animals and all such sources from any liability as a result of such inquiries and disclosures. In consideration of my employment, I agree to conform to the rules and regulations of Cascade Hospital for Animals. I understand that employment with Cascade Hospital for Animals is a voluntary employment-at-will relationship. I understand and agree that my employment is for an indefinite period of time and that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, at the option of either the Hospital or myself. I further understand that the Hospital's policies and procedures are merely guidelines which are subject to change at the sole discretion of the Hospital and that they do not constitute contracts of employment. I understand that no representative of Cascade Hospital for Animals other than the Hospital Director has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. All agreements shall be expressly stated in writing directed to me personally, and signed by me and the Hospital Director.

Your Signature

Date