

Coco-Park Animal Hospital Application for Employment

It is the policy of this practice to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Note: Please print your answers and write neatly. An illegible application may preclude you from consideration. The employer will sometimes be referred to as the "Company." Please read the attached job description for the position being applied for.

Personal Information

First Name	Middle Initial		Last Name	
Current Address:				
Street and Apt. #	City	State	Zip Code	
Permanent Address (if differ	rent from above):			
Street and Apt. #	City	State	Zip Code	
Contact Information:				
Day Phone: ()		Cell Phone: ()	
Evening Phone: ()		E-mail:		
	Drive	er's License #:	State:	
Position Desired				
Position:		Applying for:	Full-time Part-time	Temporary
Salary Desired:		Date you are	able to start if hired:	
How did you hear about	this position?			
Are you currently employ	ved? YES NO	If so, may we	contact your current emplo	yer? YES NO
Will you be able to work:	Weekends	? YES NO	Overtime as necess	ary? YES NO



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Education:

Level of Education:	Name and Location of institution:	Number of years attended:	Did you graduate?	Name of degree or diploma?	Subjects studied
High School					
College or University					
College or University					
Trade, Vocational, Business or Correspondence School					

Employment History:

Date (Month and year)	Name, Address and Telephone No. of Employer	Type of Business	Salary	Position(s)	Reason for Leaving
From:			Start:		
То:			\$		
			End:		
	Supervisor:		\$		
From:			Start:		
То:			\$		
			End:		
	Supervisor:		\$		
From:			Start:		
To:			\$		
			End:		
	Supervisor:		\$		
From:			Start:		
То:			\$		
			End:		
	Supervisor:		\$		



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General Information:

If hired, will you be able to provide documentation that you are authorized basis: YES NO	red to work in the United States on an unrestricted
Have you ever been convicted at any time of a felony or serious misder ordered sealed? YES NO	meanor which has not been judicially dismissed or
(Note: You do not have to list convictions for marijuana offenses more if you answered yes, specify the crime(s), the date, location of the convergence.	
(NOTE: An applicant will not be turned down for employment solely bed particular crime, the date of conviction, the circumstances of the crime, position being applied for will be considered by the Company in making	and the relation of the nature of the crime to the
U.S. Military Service:Rank?	
Are you 18 years of age or older? YES NO	
If Applying for a Professional Position:	
Do you have a license or certificate for the position desired? YES	NO
Name of license or certificate:	_ Number:
State of Issuance:	_Date:
Has the license or certificate been suspended or revoked at any time?	YES NO
If yes, please specify the grounds, date of action and date of reinstaten	nent:
I hereby certify that my answers and assertions set forth in this applications knowledge. If I am employed, I understand that any false statements of cause for my dismissal. I hereby authorize this company to investigate employment history. Furthermore I understand that if I am hired, employment that either the company or I can terminate my employment for	on this application shall be considered sufficient any aspect of my prior educational and ployment with this company is "at will," which
Signature:	Date: