

Do you have a driver's license? Yes No

What is your means of transportation to work? _____

DO YOU CONSENT TO A BACKGROUND CHECK (INCLUDING CRIMINAL HISTORY AND CREDIT REPORTS)? _____

You will be required to review and sign additional forms if a background check is required.

Please list 4 professional references that are not friends or family.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Email Address _____ Email Address _____

Years known _____ Years known _____

Telephone (_____) _____ Telephone (_____) _____

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Email Address _____ Email Address _____

Years known _____ Years known _____

Telephone (_____) _____ Telephone (_____) _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying, including any applicable certifications or specialized training. Please provide resume if not already submitted.

Large empty rectangular box for providing additional information, qualifications, and resume.

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. Attach additional sheets if necessary. **Please complete even if you are providing a resume.**

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address			
City, state, zip code		From	Start
Phone number		To	Final
Your last job title			
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company.			

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address			
City, state, zip code		From	Start
Phone number		To	Final
Your last job title			
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company.			

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Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address			
City, state, zip code		From	Start
Phone number		To	Final
Your last job title			
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Have you ever been terminated or asked to resign? Yes No

If yes, please provide details:

Animal Clinic of Chardon does require employees to be fully vaccinated for Covid-19 prior to employment unless deemed medically ineligible by a medical provider. Are you able to provide a copy of a Covid-19 Vaccination card? Yes No

How did you learn about the position for which you are applying?

PLEASE READ CAREFULLY.

APPLICANT STATEMENT

I certify that all information I have provided in this application is true and complete. I certify that any other documents and information that I have provided or will provide to the Company during the application process are true and correct. 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 authorize the investigation of any and all statements contained in this application, and authorize the Company to contact the persons and entities named in this application in order to provide any relevant information that, in the Company's discretion, may be useful in the Company's hiring decisions. I further authorize the persons and entities named in this application to respond fully and openly to Company's inquiries. I release the Company and these persons and entities from all liability concerning such inquiries or the response to such inquiries.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing, as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report, including information as to my credit records, character, general reputation, personal characteristics, and mode of living, and I agree to sign and complete all disclosures, authorizations, and releases necessary to allow the Company to make such request.

I understand that this application or subsequent employment does not create a contract of employment for any definite period of time. If I am employed by the Company as a result of this process, I understand that I have been hired at the will of the Company and that my employment may be terminated by me or by the Company at any time, with or without cause and with or without notice. I understand and agree that no promises of continued employment for any specified periods of time are binding or enforceable unless made in writing and signed by me and the authorized representative of the Company.

Name of applicant (please print) _____

Signature of applicant _____ Date: _____

Thank you for completing this application and for your interest in our business.