Complete all pages. Attach additional pages if you need more space.



Received by:

Employment Application

All applicants are given equal consideration for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other status or orientation protected under applicable state, federal, or local law. Reasonable accommodation for the application process is available for applicants with disabilities.

This application will be kept on file for one month. Should you wish to be considered for employment after that time, please complete a new application. Name Present address ___ Number Street City State Email ___ How long at present address _____ Telephone (_____) ____ Days/hours available to work If under 18, please list your age No pref _____ Thur ____ Mon _____ Fri ____ Position applied for: (1) Tue _____ Sat ____ Salary desired: (2) Wed _____ Sun ____ (Be specific.) How many hours can you work weekly? _____ Can you work overtime? Can you work nights? When can you start work? _____ Have you ever applied for employment here before? ____ When? ___ ☐ Full-time only ☐ Part-time only ☐ Full-time or part-time Can you, after employment, provide proof of eligibility or authorization to work in the United States? Proof of legal authorization to work in the United States will be required upon employment. Have you used any other names (for example, maiden name)? If so, please provide:

Type of School	Name and State of School	Years Completed	Graduation or Expected Graduation Date	Years Completed	Major and Degree
High School					
College					
Bus or Trade School					
Professional School					

Can you perform the job functions required by the position for which you are applying? ______

Have you ever been convicted of any crime other than a traffic offense? $\ \square$ No

Is there anything that prevents your dependable and timely attendance at work?

Answering "Yes" does not automatically disqualify you for consideration.

If "Yes," please provide details:

	Do you have a driver's license?	□ No	
Please list 4 professional references that are not friends or family. Name	What is your means of transportation to work	?	
Please list 4 professional references that are not friends or family. Name	OO YOU CONSENT TO A BACKGROUND C	HECK (INCLUDING CRIMINAL HISTORY AND CREDIT REPORTS)?	
Name	You will be required to review and sign addition	onal forms if a background check is required.	
Name			
Position Position Company Company Email Address Email Address Years known Telephone () Telephone () Name Position Company Company Company Company Company Email Address Fears known Telephone () Telephone (Please list 4 professional references that are r	not friends or family.	
Company Company Email Address Email Address Years known Years known Telephone () Telephone ()	Name	Name	
Email Address Email Address Years known Years known Telephone ()	Position	Position	
Years known Years known Telephone ()	Company	Company	
Telephone () Telephone () Name Name Position Position Company Company Email Address Email Address Years known Years known 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 no	Email Address	Email Address	
Name Name Position Position Company Company Email Address Email Address Years known Years known Telephone () Telephone ()	Years known	Years known	
Position Position Company Company Email Address Email Address Email Address Years known Years known Telephone () 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 no	Telephone ()	Telephone ()	
Position Position Company Company Email Address Email Address Email Address Years known Years known Telephone () 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 no			
Position Position Company Company Email Address 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 no			
Company Company Email Address Email Address Years known Years known Telephone () 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 no		, 	
Email Address Email Address Years known Years known Telephone () Telephone () Email Address Years known Years known Years known			
Years known Years known 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 no			
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 no		,	
position for which you are applying, including any applicable certifications or specialized training. Please provide resume if no	Telephone ()		

Page 2 bramski@acocvet.com

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

Page 3 bramski@acocvet.com

Name of employer	Name of last supervisor	Employment dates	Pay or salary	
Address				
City, state, zip code		From	Start	
Phone number		То	Final	
	Your last job title			
Reason for leaving (be specific):				
List the jobs you held, duties performed, skills used or learned, company.	and advancements o	r promotions while you	u worked at this	
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, company.	and advancements o	r promotions while you	u worked at this	
May we contact your present employer? ☐ Yes ☐ N	0			
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	?			

Page 4 bramski@acocvet.com

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 preemployment 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 case 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.

Page 5 bramski@acocvet.com