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



Received by:

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.

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: Can you perform the job functions required by the position for which you are applying? \_\_\_\_\_\_

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					

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:

What is your means of transportation to work	s 🗖 No	
vinat is your means or transportation to wor	k?	
OO YOU CONSENT TO A BACKGROUND O	CHECK (INCLUDING CRIMINAL HISTORY AND CREDIT REPORTS)?	
You will be required to review and sign additi	ional forms if a background check is required.	
Please list 4 professional references that are	not friends or family.	
Name	Name	
Position	sition Position	
Company	Company	
Email Address	Email Address	
Years known	Years known	
Telephone ()	Telephone ()	
Name	Name	
Position	Position	
Dompany         Company           mail Address         Email Address		
		Years known
Гelephone ()	Telephone ()	
	itional information necessary to describe your full qualifications for the specific	
	g any applicable certifications or specialized training. Please provide resume if no	
position for which you are applying, including		
position for which you are applying, including		
position for which you are applying, including		
position for which you are applying, including		
position for which you are applying, including		
position for which you are applying, including		
position for which you are applying, including		
position for which you are applying, including		
position for which you are applying, including		
position for which you are applying, including		
position for which you are applying, including		
position for which you are applying, including		

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

	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):	*		
company.			
	Name of last supervisor	Employment dates	Pay or salary
Name of employer Address City, state, zip code		Employment dates	Pay or salary Start
Address City, state, zip code			
Address		From	Start

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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		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 of	r promotions while you	u worked at this
Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address	Supervisor		
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 or	r promotions while you	ı worked at this
May we contact your present employer? ☐ Yes ☐ No	0		
Have you ever been terminated or asked to resign?	□ No		
If yes, please provide details:			
low did you learn about the position for which you are applying?			

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## 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:
3	

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

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