

Paws in Paradise Animal Hospital Employment Application



PLEASE PRINT

Desired Position: _____

PERSONAL

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Number: (____) _____

Are you presently employed? YES [] NO []

If yes, may we contact your employer? YES [] NO []

If presently employed, why are you considering leaving?

Do you hold any license, certification or belong to any professional organizations that deal with the position for which you are applying? YES [] NO []

If yes, please explain (LVT, CVT, etc): (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

Can you perform the essential functions of the position for which you are applying? YES [] NO []

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES [] NO []
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES [] NO []
(If no, you may be required to provide authorization to work.)

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? YES [] NO []

If yes, please explain:
(A conviction will not necessarily result in the denial of employment.)

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
Highschool				
College				
College				
Vocational or Trade School				
Graduate Work				

List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EMPLOYMENT

Start with your present or most recent position

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed _____ _____			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed _____ _____			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed _____ _____			

Use an additional sheet of paper if more space is necessary.

PERSONAL REFERENCES
Give three references (not relatives)

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip ____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip ____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip ____	Telephone Number ()

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, PREGNANCY, AGE, SEX, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize United Way Emerald Coast to verify their accuracy and to obtain reference information on my work performance. I hereby release United Way Emerald Coast from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signed: _____ Date: _____