

ANIMAL EMERGENCY & URGENT CARE*An Equal Opportunity Employer***Application for Employment****Please Print**

Date Last Name First Name Middle In.

Address & Street City State Zip

Social Security No. Home Phone Cell Phone Business Phone

Position applying for: _____ I desire: Full time _____ Part time _____

- If applying for part time, what days & hours do you desire? _____

Date available to start work _____ May we contact you at your present job?.....Yes _____ No _____

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live
and work in this country?Yes _____ No _____

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of
minimum legal age).....Yes _____ No _____

If hired, would you have a reliable means of transportation to and from work?Yes _____ No _____

Are you able to perform the essential functions of the job for which you are applying, either
with or without reasonable accommodation?.....Yes _____ No _____

- If no, please describe the functions that cannot be performed:

(Note: We comply with the ADA & consider reasonable accommodation measures that may be necessary for the eligible applicants/employees to perform
essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?.....Yes _____ No _____

(Convictions for marijuana-related offenses that are more than two years old need not be listed)

- If yes, state nature of the crime(s), when and where convicted, and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the
surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education:

High School City State Yrs. completed Did you graduate?

College/University City State Zip

Years completed Did you graduate? Degree or diploma

Vocational/Business School City State Zip

Years completed Did you graduate? Degree or diploma

Health Care Training City State Zip

Years completed Did you graduate? Degree or diploma

List any special skills, qualifications, or other experience that you feel would benefit AEUC if employed here:

Employment History:

Name of Employer _____		Telephone No. _____	
Type of Business _____		Your Supervisor's Name _____	
Address & Street _____		City _____	State _____ Zip _____
Dates of Employment: _____		Weekly pay: _____	
From _____	To _____	Starting _____	Ending _____
Your Position and Duties _____			
Reason for Leaving _____			
May we contact the above employer for a reference? Yes____ No____			

Name of Employer _____		Telephone No. _____	
Type of Business _____		Your Supervisor's Name _____	
Address & Street _____		City _____	State _____ Zip _____
Dates of Employment: _____		Weekly pay: _____	
From _____	To _____	Starting _____	Ending _____
Your Position and Duties _____			
Reason for Leaving _____			
May we contact the above employer for a reference? Yes____ No____			

Name of Employer _____		Telephone No. _____	
Type of Business _____		Your Supervisor's Name _____	
Address & Street _____		City _____	State _____ Zip _____
Dates of Employment: _____		Weekly pay: _____	
From _____	To _____	Starting _____	Ending _____
Your Position and Duties _____			
Reason for Leaving _____			
May we contact the above employer for a reference? Yes____ No____			

Note: Attach additional page(s) if necessary.

References:

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name _____	Address _____	Phone No. _____	Relationship _____	Yrs. Known _____
Name _____	Address _____	Phone No. _____	Relationship _____	Yrs. Known _____
Name _____	Address _____	Phone No. _____	Relationship _____	Yrs. Known _____

Please read Carefully, Initial Each Paragraph and Sign Below

_____ Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that my answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ Initials I hereby authorize Kern Animal Emergency Clinic, Inc., (dba Animal Emergency and Urgent Care) to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, report, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporation, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

_____ Initials Should a search of public records (including records documenting arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☐ I waive receipt of a copy of any public records described in the paragraph above.

_____ Date

_____ Applicant's Signature