



Application for employment

Please print. Answer ALL applicable questions – do not state “see resume”

PERSONAL INFORMATION		
Name:		Telephone #:
Address:		
Email address:		
Position applied for:	Date available:	Hourly wage expected:
Are you at least 18 yrs of age? Yes No IF NOT, do you have a work permit? Yes No	Are you either a US citizen or a legal alien who has the right to work in the United States? Yes No	
Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment? Yes No If yes, please describe fully: _____ _____		

EDUCATION			
Please list on the following lines all schools attended and any other pertinent information about your education.			
School(s)	Major/subjects studied	Graduated?	Degree obtained
TECHNICIAN APPLICANTS ONLY:			
Licensed in NYS? Yes No Year licensed _____ License #: _____			

EMPLOYMENT HISTORY

Have you ever been dismissed, or asked to resign from a position? Yes No

If yes, please explain: _____

Please list previous employers, starting with current/most recent – add additional pages if necessary

Employer: _____ Telephone # _____

Supervisor: _____ Telephone # (if different than above): _____

Dates of employment: _____ Last hourly rate/salary: _____

Why did you leave this position (please be specific) _____

Employer: _____ Telephone # _____

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Dates of employment: _____ Last hourly rate/salary: _____

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Why did you leave this position (please be specific) _____

Employment history, continued

Employer: _____ Telephone # _____

Supervisor: _____ Telephone # (if different than above): _____

Dates of employment: _____ Last hourly rate/salary: _____

Why did you leave this position (please be specific) _____

Employer: _____ Telephone # _____

Supervisor: _____ Telephone # (if different than above): _____

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Why did you leave this position (please be specific) _____

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Dates of employment: _____ Last hourly rate/salary: _____

Why did you leave this position (please be specific) _____

Please list 2 references whom you have known at least 3 years and can attest to your character

Name:	Yrs known	Telephone #:	How do you know this person?

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CONDITIONS FOR EMPLOYMENT

Please read the following statements carefully as they constitute conditions for employment:

1. The information that I have provided on this application is accurate and true to the best of my knowledge.
2. I affirm that I have read this completed application and I have not withheld any information or response to any questions and that the information I have furnished is true and correct. I understand that any misrepresentation or omission of a fact on my application or during the interview or hiring process regardless of when such misrepresentation or omission is discovered, may result in the refusal of employment, or if employed, immediate termination.
3. The persons, schools, current and prior employers (if approved by me in the Employment Record Section) and other organizations or employers named in this application are authorized by me to verify this information I have provided and to provide Coldwater Animal Hospital (CAH) with information that may be requested by it to arrive at an employment decision. I consent that a photocopy of this authorization by accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from the disclosure of any of the above information whether in writing or orally, and further waive and release CAH from any liability arising from reliance on the aforementioned information or the use, publication or retention of such information within the context of its applicant review procedures.
4. I agree to protect the hospital's confidential information, including names & addresses of clients, and I will not disclose to CAH the confidential information of others.
5. I will be able, if hired, to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.
6. In the event that I am employed, I agree to conform to CAH's rules and regulations. I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that either CAH or I can terminate our employment relationship at any time for any reason with or without advance notice and with or without cause. I understand and agree that, although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change. I understand that no representative of CAH has any authority to make an agreement contrary to the foregoing or to enter into any agreement for employment for any specific period of time.

Signature of applicant: _____ Date: _____

COLDWATER ANIMAL HOSPITAL

is an Equal Opportunity Employer and complies fully with Federal and New York State laws prohibiting discrimination in employment because of sex, age, race, color, creed, marital status, national origin, availability for military services, disability or any other characteristic protected by applicable federal, state or local law.

Applications are kept on file and active for a period of 60 days.