

Eastport Animal Hospital & Wellness Center

An Equal Opportunity Employer

Employment Application

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Job Applied For: Receptionist LVT Assistant Other _____

HOW DID YOU LEARN ABOUT THIS POSITION?

Newspaper (List Publication) _____

State Agency

Other website (List website) _____

Employee Referral _____ Friend _____

Other: _____

PRINT in INK Please complete the application by clearly printing in dark ink.

JOB APPLIED FOR	SOCIAL SECURITY NUMBER: - -
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DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:
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NAME AND ADDRESS

NAME (LAST, FIRST, M.I.):		HOME TELEPHONE (include area code):	
MAILING ADDRESS:		WORK TELEPHONE (Provide only one including area code):	
CITY	STATE	ZIP CODE:	OTHER (include area code):
EMAIL ADDRESS:		<input type="checkbox"/> PAGER <input type="checkbox"/> CELL PHONE <input type="checkbox"/>	

<input type="checkbox"/> PRESENT EMPLOYER <input type="checkbox"/> LAST EMPLOYER (Check one):	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	CITY AND STATE:
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WORK SCHEDULE AVAILABILITY

Check Only One: <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL	<input type="checkbox"/> EITHER	Check Only One: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<input type="checkbox"/> FULL OR PART TIME <input type="checkbox"/> INTERMITTENT	<input type="checkbox"/> ANY	Date You Can Report For Work:
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EDUCATION / TRAINING HISTORY

List colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one) YES NO

Name and Location Of School, College, or University	Course of Study (List Major)	Dates Attended	Did You Graduate? (Yes / No)	Degree or Certificate Received
A				
B				
C				

LICENSE / REGISTRATION / CERTIFICATEList any **required** professional license, registration, certificate, Commercial Driver's License (CDL), etc.

Description	State	Number	Expiration

SPECIALIZED SKILLS AND KNOWLEDGEList skills or knowledge that show your ability to perform the job for which you are applying.
Attach additional pages as needed.

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WORK HISTORY**JOB NUMBER 1 (current or most recent position)**

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (Average)		

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

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Reason for leaving this position:

JOB NUMBER 2			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
TOTAL TIME IN POSITION:		HOURS WORKED PER WEEK (Average)	<input type="checkbox"/> Rating Work Performance
			<input type="checkbox"/> Responding to Grievances
			<input type="checkbox"/> Hiring or Recommending Hiring
			<input type="checkbox"/> Not Responsible for Any of Above
If you checked any of these boxes, list the number of employees and their job titles:			
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

JOB NUMBER 3			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
TOTAL TIME IN POSITION:		HOURS WORKED PER WEEK (Average)	<input type="checkbox"/> Rating Work Performance
			<input type="checkbox"/> Responding to Grievances
			<input type="checkbox"/> Hiring or Recommending Hiring
			<input type="checkbox"/> Not Responsible for Any of Above
If you checked any of these boxes, list the number of employees and their job titles:			
DUTIES (List all duties you performed.):			
Reason for leaving this position:			

WORK HISTORY

JOB NUMBER 4			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
TOTAL TIME IN POSITION:		HOURS WORKED PER WEEK (Average)	<input type="checkbox"/> Rating Work Performance
			<input type="checkbox"/> Responding to Grievances
			<input type="checkbox"/> Hiring or Recommending Hiring
			<input type="checkbox"/> Not Responsible for Any of Above
If you checked any of these boxes, list the number of employees and their job titles:			
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- ◆ I certify that all statements contained herein are true and complete.
- ◆ I understand that if hired, I must prove that I am legally authorized to work in the United States.
- ◆ I authorize Eastport Animal Hospital to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- ◆ I authorize Eastport Animal Hospital to run a credit history check and criminal history background check as a condition of employment.
- ◆ I release Eastport Animal Hospital and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.

PRINT FULL NAME

DATE:

APPLICANT'S SIGNATURE

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH EASTPORT ANIMAL HOSPITAL.