



## EMPLOYMENT APPLICATION FORM

DATE: \_\_\_\_\_

We accept applications for employment without regard to sexual orientation, religion, race, color, national origin, gender, age, disability, marital status or any other legally protected status.

Please print information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a Military Veteran? \_\_\_\_\_

Position applied for? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we contact your employer? \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

### **EDUCATION**

Name and grade completed of High School \_\_\_\_\_

Name and grade completed of College \_\_\_\_\_

List subject studied and degrees received (Major-Minor) \_\_\_\_\_

Have you been known by any other name(s) which this firm will require to verify any of the information in this application? YES or NO

If yes, give name(s) and identify related school, employer, etc. \_\_\_\_\_

### **EMPLOYMENT HISTORY**

Previous Employers: (list most recent first)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Date Started \_\_\_\_\_ Date left \_\_\_\_\_

Date Started \_\_\_\_\_ Date left \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Date Started \_\_\_\_\_ Date left \_\_\_\_\_

Date Started \_\_\_\_\_ Date left \_\_\_\_\_

**OTHER REFERENCES:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Years known: \_\_\_\_\_

Years known: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Years known: \_\_\_\_\_

Years known: \_\_\_\_\_

**Have you ever been convicted of a:**

1. Felony/misdemeanor (other than traffic)? If so, please list all convictions, dates of convictions, nature of violations and rehabilitation efforts.  
\_\_\_\_\_
2. Felony offense relating to a controlled substance? If so, please list all convictions, dates of convictions, nature of violations and rehabilitation efforts. \_\_\_\_\_
3. Have you ever had a controlled substance registration denied, revoked or have you ever surrendered a registration for cause?  
\_\_\_\_\_

(Notice: a conviction record will not necessarily be a bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)

**NOTICE TO PROSPECTIVE EMPLOYEE:**

If an offer of employment is made to you, the offer will be contingent upon successful completion of a drug test as part of a pre-employment physical examination.

PLEASE ATTACH A RESUME OR A NOTE TELLING US OF YOUR INTEREST, HOBBIES OR ANYTHING ELSE YOU THINK WE SHOULD KNOW.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to the clinic or email to [scah@netins.net](mailto:scah@netins.net) Attn Office Manager

Scott County Animal Hospital, pc - 115 S 16<sup>th</sup> Avenue Eldridge IA 52748 - 563-285-8624