



APPLICATION FOR EMPLOYMENT

Please complete all requested information.

This application is good for 90 days only. Consideration for employment after 90 days requires a new application.

Position(s) Applied For _____ Date _____

How Did You Learn About Us?

- Advertisement Relative Facebook BFAH employee _____
 Website Friend Other _____

PERSONAL INFORMATION

Name _____ Phone _____

Address _____

City _____ State/Zip _____

Message Phone _____ E-mail _____

GENERAL INFORMATION

Type of employment desired: () Full-time () Part-time () Temporary _____

On what date would you be available to work? _____

Do you need an accommodation to participate in the application or interview process? Yes No

Are you legally eligible for employment in the United States? Yes No

During the last ten years, have you ever been convicted of a crime other than minor traffic offense? Yes No

If yes, please explain: _____

(A conviction will not necessarily automatically disqualify you from employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

Best Friends Animal Hospital is an equal opportunity employer. We do not discriminate on the basis of race, religion, color, national origin, sex, sexual orientation, age, marital status, military status, disability status or any other applicable characteristics protected by law.

EMPLOYMENT HISTORY

Please fill this section out completely, begin with your most recent employment do not write "see resume".

Company Name _____ Address _____

Job Title: _____

Job Description (duties, skills, equipment used) _____

Dates of employment: Start ____ / ____ / ____ End ____ / ____ / ____ Wage: Start _____ End _____

Phone # _____ Reason for leaving _____ Supervisor/Contact: _____

May we contact current employer? Yes No

Company Name _____ Address _____

Job Title: _____

Job Description (duties, skills, equipment used) _____

Dates of employment: Start ____ / ____ / ____ End ____ / ____ / ____ Wage: Start _____ End _____

Phone # _____ Reason for leaving _____ Supervisor/Contact: _____

Company Name _____ Address _____

Job Title: _____

Job Description (duties, skills, equipment used) _____

Dates of employment: Start ____ / ____ / ____ End ____ / ____ / ____ Wage: Start _____ End _____

Phone # _____ Reason for leaving _____ Supervisor/Contact: _____

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

Skills and Qualifications: Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Specialized Training: Please list any applicable specialized training you have received/completed: _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	CIRCLE LAST GRADE COMPLETED	MAJOR & DEGREE
High School			10 11 12	
College			1 2 3 4	
College			1 2 3 4	
Business or Trade School			1 2 3 4	

REFERENCES

Professional References: List persons not related to you, who would be familiar with your knowledge, skills and abilities applicable to the position you are applying for.

<u>Name</u>	<u>Phone #</u>	<u>Nature of relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Best Friends Animal Hospital is true, complete and correct. If any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application, or immediately discharge me from Best Friend Animal Hospital's service, whenever it is discovered.

I expressly authorize Best Friends Animal Hospital and its agents, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Best Friends Animal Hospital or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Best Friends Animal Hospital, does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature _____ Date: _____

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