



### EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Please complete the application by typing or clearly printing

#### EMPLOYEE INFORMATION

DRIVER'S LICENSE NUMBER & ISSUED STATE: \_\_\_\_\_

NAME: (LAST, FIRST, M.I.) \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ALTERNATE TELEPHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

#### WORK SCHEDULE AVAILABILITY

If and when necessary for the job, are you able to work overtime? \_\_\_\_\_

Are you able to perform the essential functions of the position with or without accommodations? If needing accommodations please explain? \_\_\_\_\_

Are you able to lift up to 40 lbs.? \_\_\_\_\_

Are you legally eligible for employment in the U.S.? \_\_\_\_\_

Are you seeking a permanent or seasonal position? \_\_\_\_\_

Are you seeking Full/ Part/ Intermittent or Any? \_\_\_\_\_

Desired pay: \_\_\_\_\_

Date you can report for work? \_\_\_\_\_

Present Employer: \_\_\_\_\_ May we contact: Y N

#### EDUCATION/ TRAINING HISTORY

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

Name and Location of School/College/University	Course of Study	Credits Earned	Did you Graduate?	Degree or Certificate Received?

#### LICENSE/REGISTRATION/CERTIFICATE

List any required professional license, registration, certificate, Commercial Driver's License (CDL)

Description	State	Number	Expiration

## SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that show your ability to perform the job for which you are applying for (such as typing speed, computer languages or software programs, foreign languages, etc.) Attach additional pages as needed.

## WORK HISTORY

Name of Employer: _____	
Type of Business: _____	Reason for Leaving: _____
Employer's Phone Number: _____	Supervisor Name: _____
Employer's Address: _____	Can we contact? _____
City/State: _____	Job Title: _____
Length of Employment from (Month-Year): _____	To (Month-Year): _____
DUTIES: _____	
_____	
_____	

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City/States: _____	Job Title: _____
Length of Employment from (Month-Year): _____	To (Month-Year): _____
Duties: _____	
_____	
_____	

References:	*Must supply
1.) Name: _____ Relation: _____	
Contact info: Email: _____ Phone number: _____	
2.) Name: _____ Relation: _____	
Contact info: Email: _____ Phone number: _____	
3.) Name: _____ Relation: _____	
Contact info: Email: _____ Phone number: _____	

**Do we have permission to contact previous employers? YES / NO**

**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, any result in prosecution for a crime.

- **I certify that all statements contained herein are true and complete**
- **I understand that if hire, I must prove that I am legally authorized to work in the United States.**
- **I authorize Gruda Veterinary Hospital to check employment references and verify education information provided on this employment application and as disclosed on resume and in the interview process.**
- **I authorize Gruda Veterinary Hospital to check my driving record if the position for which I am applying requires driving.**
- **I authorize Gruda Veterinary Hospital to run a credit history check and criminal history background check as a condition of employment.**
- **I release Gruda Veterinary Hospital and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature