



## Employment Application

Please fill out the form completely and clearly print all information except signature. Apalachee River Animal Hospital (ARAH) is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or any other characteristic protected by federal, state or local law.

Date: \_\_\_\_\_

Your Name \_\_\_\_\_

SSN \_\_\_\_\_ Email Address \_\_\_\_\_

Have you ever been employed or enrolled in school under a name other than that used on this application? If so, please specify. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

Cell Phone \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

What position are you applying for? \_\_\_\_\_

Employment desired  full-time only  part-time only  full or part-time  Temporary

Are you able to perform the essential functions for which you are applying without accommodation?  Yes  No

When can you start? \_\_\_\_\_ Salary desired? \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Have you ever applied with ARAH before?  Yes  No

Are you eligible for employment in the USA?  Yes  No  
(Verification will be required.)

Have you ever pled "guilty" or "no contest" to or been convicted of a felony or misdemeanor?  Yes  No

When are you able to work?  Sun  Mon  Tues  Wed  Thurs  Fri  Sat

Professional Licenses, Certifications or Registrations: \_\_\_\_\_

Additional skills including but not limited to computer, typing and language that you wish to bring to our attention. Please list veterinary software you have used.

**Education**

High School Name Address Diploma  
 Yes  No

College/University Name Address Degree Received

Other (Graduate/ Technical) Address Degree Received

**References**

Please list 3 professional references that you have known for at least 1 year.

Name Address & Phone Number Company & Position Years Known

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Employment History** (List last employment first. Include summer or temporary jobs.)

Name of Employer Address

Start Date Job Title Supervisor's Name/Title

End Date Phone Number

Reason for Leaving Starting Salary Final Salary

List the jobs you held, duties performed and skills used or learned while at this company.

**Name of Employer**

Address

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Start Date

Job Title

Supervisor's Name/Title

---

End Date

Phone Number

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Reason for Leaving

Starting Salary

Final Salary

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List the jobs you held, duties performed and skills used or learned while at this company.

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Did you complete this application yourself?  Yes  No  
If not, who did?

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Apalachee River Animal Hospital is a drug-free workplace. Do you use drugs?  Yes  No

Apalachee River Animal Hospital is a smoke-free workplace. Are you able to comply with this policy?  Yes  No

I hereby certify that the information contained on this application, or any other information I submit to ARAH in connection with my application for employment, is true and correct to the best of my knowledge and agree to have such statements or information checked by ARAH. I authorize ARAH to make a thorough investigation of my references, past employment, education, criminal background and to secure additional job-related information about me. I also authorize the references listed above, as well as all other individuals whom ARAH contacts, to provide ARAH with any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to ARAH as well as from any use of this information by ARAH or any of its agents, employees or representatives. I understand that misrepresentation, falsification, or material omission of information on this application, or any other information I submit to ARAH in connection with my application for employment, may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

All applications will remain on file for the term of one year.

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