



South Atlanta Veterinary Emergency & Specialty

South Atlanta Veterinary
Emergency & Specialty
1090 Hwy 54 East
Fayetteville, GA 30214
(770) 460-8166 phone
(770) 460-7407 fax

APPLICATION FOR EMPLOYMENT

Thank you for considering applying for a position with our Company. We appreciate the time you are giving to complete this application form. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered. This application will remain on file for 180 days from the date herein whereupon you should resubmit a new application if you are interested in a position with our company.

The following must be filled out completely for your application to be considered

[Please Print]

PERSONAL INFORMATION:

Name _____
Last First Middle

Have you ever used another name? Yes No List all other names by which you have been known: _____

Business Telephone (_____) _____ Home Telephone (_____) _____

Social Security # _____ Have you ever used another Social Security Number? Yes No

Driver's License # _____ State Issued: _____

FOR IDENTIFICATION PURPOSES, PLEASE PROVIDE: MONTH OF BIRTH _____ (Jan-Dec) DAY of MONTH BORN _____ (1-31)
[PLEASE DO NOT SUPPLY YEAR OF BIRTH!]

Present Address: _____
No. Street City State Zip

Mailing Address: _____
(if different) No. Street City State Zip

Please list the cities and corresponding state you have lived in during the past 7 years: 1 _____
2 _____ 3 _____ 4 _____
5 _____ 6 _____ 7 _____

If hired, would you have a reliable means of transportation to and from work? Yes No
Are you at least 18 years old? Yes No

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No
(Note: Proof of age and eligibility for employment will be required if you are hired.)

Have you ever been asked to resign from a job? Yes No Please explain: _____

EMPLOYMENT DESIRED: Position applying for: _____

Are you applying for:

| | | |
|-------------------------|-------------------------|---|
| Regular full-time work? | Regular part-time work? | Temporary work, e.g., summer or holiday work? |
|-------------------------|-------------------------|---|

Yes No

Yes No

Yes No

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?..... From _____ To _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____ Salary desired? _____

Have you ever applied to or worked for our Company before? Yes No If yes, when? _____

Do you have any friends or relatives working for our Company? Yes No If yes, state name(s) and relationship(s) _____

Why are you applying for work at our Company? _____

Do you have any commitment to another entity or person that might affect your employment with our Company? Yes No

If yes, describe fully: _____

REFERENCES: Who Referred You To Our Company? _____

List below three persons not related to you who have knowledge of your work performance within the last three years. If this does not apply to you, then provide three school or personal references who are not related to you.

| | <u>Name</u> | <u>Address</u> | <u>Phone</u> | <u>Years Known</u> |
|---|-------------|----------------|--------------|--------------------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |

EDUCATION, TRAINING AND EXPERIENCE:

| <u>School: Name and Address</u> | <u>No. of Years Completed</u> | <u>Degree or Diploma</u> | <u>Did you Graduate?</u> |
|---------------------------------|-------------------------------|--------------------------|--|
| High School _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College/University _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vocational/Business _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Some of our customers/clients may not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s): _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at our Company? Yes No Explain: _____

EMPLOYMENT HISTORY: List below all present and past employment for the last ten (10) years, starting with your most recent employer. You *must* complete this section even if attaching a resume. Note: Attach additional page(s) if necessary

Are You Employed Now? Yes No If Yes, May We Inquire of Your Present Employer? Yes No

1. Name of Employer: _____

Address: _____
No. Street City State Zip

Telephone No. (_____) _____ Your Supervisor's Name: _____

Type of Business: _____ Was Termination Voluntary or Involuntary? Vol InVol

Your Position and Duties: _____

Date of Employment: From _____ To _____

Earnings: Starting _____ Hourly / Monthly Ending _____

Exact Reason for Leaving: _____

2. Name of Employer: _____

Address: _____
No. Street City State Zip

Telephone No. (_____) _____ Your Supervisor's Name: _____

Type of Business: _____ Was Termination Voluntary or Involuntary? Vol InVol

Your Position and Duties: _____

Date of Employment: From _____ To _____

Earnings: Starting _____ Hourly / Monthly Ending _____

Exact Reason for Leaving: _____

3. Name of Employer: _____

Address: _____
No. Street City State Zip

Telephone No. (_____) _____ Your Supervisor's Name: _____

Type of Business: _____ Was Termination Voluntary or Involuntary? Vol InVol

Your Position and Duties: _____

Date of Employment: From _____ To _____

Earnings: Starting _____ Hourly / Monthly Ending _____

Exact Reason for Leaving: _____

4. Name of Employer: _____

Address: _____
No. Street City State Zip

Telephone No. (_____) _____ Your Supervisor's Name: _____

Type of Business: _____ Was Termination Voluntary or Involuntary? Vol InVol

Your Position and Duties: _____

Date of Employment: From _____ To _____

Earnings: Starting _____ Hourly / Monthly Ending _____

Exact Reason for Leaving: _____

5. Name of Employer: _____

Address: _____

No. Street City State Zip

Telephone No. (_____) _____ Your Supervisor's Name: _____

Type of Business: _____ Was Termination Voluntary or Involuntary? Vol InVol

Your Position and Duties: _____

Date of Employment: From _____ To _____

Earnings: Starting _____ Hourly / Monthly Ending _____

Exact Reason for Leaving: _____

Please describe in your own words why you wish a position with our company: _____

Have you ever been terminated or asked to resign from any job? Yes No Please explain _____

UNEMPLOYMENT HISTORY: Please account for any time(s) you were not employed in the last 10 years, after leaving school. You don't need to include periods of one month or less. (Note: Attach additional page(s) if necessary.)
You must account for all periods of unemployment.

| <u>Time Period</u> | <u>Reason(s) Unemployed</u> | <u>Time Period</u> | <u>Reason(s) Unemployed</u> |
|--------------------|-----------------------------|--------------------|-----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

MILITARY SERVICE: U.S. Military or Naval Service: _____

Rank: _____

Present Membership in National Guard or Reserves: _____ Date Obligation Ends: _____

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe: _____

LICENSE INFORMATION: Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes No Name of license/certification _____

Issuing state: _____ License/certification number: _____ Has your license/certification ever lapsed or been revoked or suspended? Yes No If yes, state reason(s), date of lapse, revocation or suspension and date of reinstatement _____

Have you ever, under your name or another name, been convicted of (or pleaded guilty or nolo contendere to) a Felony or Misdemeanor? Yes No

Have you ever, under your name or another name, been convicted of a crime, which resulted with your being in prison and released from prison or paroled? Yes No

(Do not identify convictions for marijuana-related offenses that are more than two years old; or convictions for which the criminal record has been expunged, sealed or eradicated by the court; or, misdemeanor convictions for which any probation has been completed and the case dismissed by the court.)

If yes, explain each conviction fully, when, where and of what you were convicted and disposition of the case(s): _____

Are you currently under arrest, or released on bond or your own recognizance, pending trial for a criminal offense? Yes No
If yes, state the nature of the crime charged, and when and where trial is pending: _____

(Note: No applicant will be denied employment solely on the grounds that they have been charged, committed or been convicted [or pleaded guilty or nolo contendere] of a criminal offense; or, solely on an affirmative answer above. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for will be considered.)

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes No If no, describe the functions that cannot be performed: _____

Have you used non-legal drugs in the last six months?..... Yes No
Is there any reason why you would not be able to fully conform to all attendance requirements? Yes No

Describe fully: _____

Do you take any illegal drugs or medications which have not been prescribed for you? Yes No When was the last time you used illegal drugs? _____ If yes, describe fully: _____

Have you ever been convicted for driving under the influence (DUI)? Yes No
Do you use alcohol to the extent that it would impair your job performance? Yes No

How many Mondays or Fridays were you absent last year on leave other than vacation leave? _____ Please explain: _____

(Note: We comply with the ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/ employees to perform essential functions.)

NOTICE: Thank you for completing this application form. If there is a current opening in the position(s) you are seeking and the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the *entire interview process* is completed. If there is no opening in the position(s) you are seeking, your application will be kept active for 30 days. If you wish to be considered for employment after that time, you must reapply. Thank you for your interest in our Company. Please read page six carefully, print your name, initial, sign, and date.

Our company is an equal opportunity employer. It is the policy of this company to consider all job applications on the basis of merit without regard to race, color, religion, sex, pregnancy, age, national origin, ancestry, marital status, veteran status, disability, medical condition, sexual orientation, or any other protected characteristic.

AUTHORIZATION

PLEASE READ THE FOLLOWING CAREFULLY, INITIAL EACH PARAGRAPH, THEN SIGN BELOW

PLEASE COMPLETE AND SIGN ANY SEPARATE DOCUMENTS WHICH MAY BE ATTACHED

PERSONALLY COMPLETED FORM HONESTLY AND ACCURATELY

By my signature and initials placed below, I promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date. I understand that any job offer is conditional based on the satisfactory review of my qualifications including any and all background or drug screening which may be required. _____
INITIALS

OTHER EMPLOYMENT

I understand that, if hired, I may not hold other employment or engage in other activities that create a conflict of interest with my position with the company unless I have been given permission in writing by the company. _____ INITIALS

AUTHORIZATION TO OBTAIN INFORMATION

I voluntarily and knowingly authorize any present or past employer; supervisor; administrator; educational institution; law enforcement agency; state, local, or federal agency; credit bureau; collection agency; private business; military branch; the national personnel records center; personal reference; and/or other persons; to give records or information they may have concerning my criminal history, motor vehicle report, educational history, licensing, employment (including character, earnings history and reasons for termination) or any other information requested by the company requested to determine my eligibility for employment. _____ INITIALS
(see separate Disclosure Agreement)

RELEASE

I voluntarily waive all recourse and release any company, individual or organization from liability for complying with any request from the company or agents of the company (including any consumer reporting agency) to obtain any information from any source whatsoever relating to my application for employment. I further release the company or any individual within the company regarding the use any information received which may have bearing on my application for employment. _____
INITIALS

NOTIFICATION & COMPLIANCE WITH RULES

I agree to immediately notify the company if I should be convicted of a crime while my job application is pending, or during my employment if hired. If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the company. _____ INITIALS

AGREEMENT FOR AT-WILL EMPLOYMENT

I understand and agree that nothing contained in this application, or conveyed during any interview which may be granted, or during my employment if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment will be at-will, for no definite or determinable period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, for any reason or for no reason at all, with or without prior notice, at the option of the company or me. I understand and agree that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and an authorized officer of the company. I promise that I have not relied, and will not rely, on any oral or written statements to the contrary. I understand and agree that this is the entire agreement between me and the company regarding the term of my employment and replaces any other oral or written agreement or understanding. _____ INITIALS

I certify that all of the information provided by me on this Application is true and accurate.

Signature: _____

Date: _____

Print Name: _____