

# Amigo Animal Hospital

## Application for Employment

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Position desired: \_\_\_\_\_  
 Type of employment desired: (circle one) Fulltime Part-time Temporary/Volunteer

### General Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years or older? (circle one) Y N Are you a US citizen (circle one) Y N  
 Are you able to work in the US? (circle one) Y N How did you hear about us? \_\_\_\_\_  
 Date available to work? \_\_\_\_\_ Desired Salary? \_\_\_\_\_

### Educational Background:

High school, Post secondary and other institutions attended. Begin with the most recent.	Years completed	Degree/Diploma/Certificate	Date Obtained or expected

### Skills and Qualifications

Summarize any special training, licenses and/or certificates that may assist you in performing the position for which you are applying:

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### Computer Skills (Circle yes or no and list years of experience)

Word Processing Y N	Spreadsheet Y N
Presentation Y N	Email Y N
Internet Y N	Avimark Y N

## Work History

Describe all work experience (paid and unpaid) starting with most recent.

Employer:	Telephone:
Address:	Supervisor:
Type of Business:	Dates of employment From: _____ To: _____
Job Title:	Earnings at hire:
Telephone:	Earnings at Termination:
Reason for leaving:	Description of duties:

Employer:	Telephone:
Address:	Supervisor:
Type of Business:	Dates of employment From: _____ To: _____
Job Title:	Earnings at hire:
Telephone:	Earnings at Termination:
Reason for leaving:	Description of duties:

Employer:	Telephone:
Address:	Supervisor:
Type of Business:	Dates of employment From: _____ To: _____
Job Title:	Earnings at hire:
Telephone:	Earnings at Termination:
Reason for leaving:	Description of duties:

**Personal References:**

**Address:**

**Phone #:**

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# Amigo Animal Hospital

## Employment Affidavit

I certify that all information I have provided in order to apply for and secure work with Amigo Animal Hospital is true, complete and correct.

I expressly authorize, without reservation, Amigo Animal Hospital and its representatives, employees or agents to contact and obtain information from all references (personal and professional), employees, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Amigo Animal Hospital, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

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

I understand that this application remains current for six months. At the conclusion of that time, if I have not heard from Amigo Animal Hospital and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Amigo Animal Hospital reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Amigo Animal Hospital is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary the foregoing express language are valid unless they are in writing and signed by the owner of the practice.

In consideration for employment with Amigo Animal Hospital, I agree to conform to the rules and regulations of Amigo Animal Hospital as set forth in the employees handbook and acknowledge that these rules and regulations may be changed, interpreted, withdrawn or be added to by Amigo Animal Hospital at any time, at Amigo Animal Hospital's sole option and without any prior notice to me.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

By signing below, I accept, acknowledge and understand the conditions as contained herein.

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