

LOOMIS BASIN VETERINARY CLINIC

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Loomis Basin Veterinary Clinic is an equal opportunity employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, marital status, military service, or any other legally protected status.

PLEASE PRINT

DATE _____

Name _____
Last First Middle

Telephone _____ Alternate Phone _____ Social Security No. _____

Email Address _____

Present Address _____
No. Street City State Zip

Permanent Address (if different from above) _____
No. Street City State Zip

EMPLOYMENT DESIRED

Position for which you are applying: _____

Are you applying for: Full-time _____ Part-time _____ Temporary/Volunteer _____

What days and hours are you available for work: _____

Are you available to work: Weekends? Y / N Nights? Y / N Overtime? Y / N

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

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

Are you licensed/certified for the position for which you applied? Y / N

Name & number of license/certification: _____ Issuing state: _____

Has your license/certification ever been revoked or suspended? Y / N

If yes, state reason(s), date of revocation or suspension and date of reinstatement: _____

PERSONAL INFORMATION

Have you ever applied to or worked for LBVC before? Y / N If yes, when? _____

Do you have any friends or relatives in our employ? Y / N If yes, state name (s) & relationship: _____

How did you hear about Loomis Basin Veterinary Clinic? _____

How did you hear about our opening? (please circle)

I'm a client / Building Sign _____ Employee (specify) _____ Friend/Relative (specify) _____

School/College (specify) _____ Other Vet Hospital (specify) _____

Internet (LBVC website, Monster, Craigslist, SacramentoJobs, Hotjobs, etc) _____

What is it about Loomis Basin Veterinary Clinic that interests you? _____

If hired, would you have a reliable means of transportation to and from work? Y / N

Are you at least 18 years old? (If under 18, hire subject to verification that you are of minimum legal age.) Y / N

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Y / N

Are you able to perform the essential functions of the job for which you are applying, w/ or w/o reasonable accommodation? Y / N

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

(Note: We comply with the ADA and consider reasonable accommodation measures that might be necessary for eligible applicants/ employees to perform essential functions. Offer of employment subject to passing a physical examination, & to skill & gravity tests.

Employment Application - Part 2

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Are you currently employed? Y / N If so, may we contact your current employer? Y / N

Name of Employer					
Address					
No.	Street	City	State	Zip	
Type of Business					
Phone No.		Doctor/Supervisor's Name			
Your Position and Duties					
Dates of Employment:		From	To		
Salary:		Starting	Ending		
Reason for Leaving					

Name of Employer					
Address					
No.	Street	City	State	Zip	
Type of Business					
Phone No.		Doctor/Supervisor's Name			
Your Position and Duties					
Dates of Employment:		From	To		
Salary:		Starting	Ending		
Reason for Leaving					

Name of Employer					
Address					
No.	Street	City	State	Zip	
Type of Business					
Phone No.		Doctor/Supervisor's Name			
Your Position and Duties					
Dates of Employment:		From	To		
Salary:		Starting	Ending		
Reason for Leaving					

Name of Employer _____				
Address _____				
No.	Street	City	State	Zip
Type of Business _____				
Phone No. _____		Doctor/Supervisor's Name _____		
Your Position and Duties _____				

Dates of Employment: From _____ To _____				
Salary: Starting _____ Ending _____				
Reason for Leaving _____				

CONVICTIONS

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Y / N
 (Convictions for marijuana-related offenses that are more than two years old need not be listed.)

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) for which you have applied may, however, be considered.)

EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	# of years completed?	Did you graduate?	Please list Degree Diploma acquired
High School	_____	_____	_____	_____
College/ University	_____	_____	_____	_____
Vocational/ Business	_____	_____	_____	_____
Other	_____	_____	_____	_____

Have you obtained any special skills or abilities as the result of service in the military? Y / N

If so, describe: _____

Some of our clients do not speak English. Do you speak, write or understand any foreign languages? Y / N

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 LBVC?
 If so, please explain: _____

PLEASE READ CAREFULLY & SIGN BELOW ACKNOWLEDGING YOUR UNDERSTANDING OF THE ENTIRE CONTENTS OF THIS APPLICATION

I certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I authorize Loomis Basin Veterinary Clinic to thoroughly investigate my work record, references, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Clinic any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Clinic, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or are in any way related to such investigation or disclosure.

I understand that nothing contained in the 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 clinic. In addition, I understand and agree that, if I am employed, my employment is not for a definite or determinable period and may, regardless of the date of payment of wages, be terminated at any time, with or without prior notice, at the option of either myself or the Clinic, and that no promises or presentations contrary to the foregoing are binding on the Clinic unless made in writing and signed by me and the Clinic's designated representative.

Applicant's Signature: _____

Date: _____