



Application for Employment

Position(s) applied for _____ Date of Application _____

Name _____
Last First MI

Address _____
Street City State Zip Code

Primary telephone # (_____) _____ E-mail _____

Are you at least 18 years of age? Yes No

Have you ever been employed by Mason Animal Hospital? Yes No

If yes, list: _____
Dates Position(s)

Have any of your relatives previously or currently been employed by Mason Animal Hospital? Yes No

If yes, please list names and positions: _____

Are you legally authorized to work in the United States? Yes No

Date available for work _____ What is your desired pay?.....\$ _____

Type of employment desired (circle one): Full-Time (30-40 hours/week) Part-Time (8-29 hours/week)

Days and shifts available to work (Check all available shifts) No Preference _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime? Yes No

Have you ever been convicted of a felony offense relating to controlled substance, or have you ever had a controlled substance registration denied, revoked or have you ever surrendered a registration for cause?

Yes No

If yes, provide date(s) and details _____

Answering “yes” to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Employment History

Provide the following information of your past three employers, assignments, or volunteer activities, starting with the most recent:

From:	To:	Employer:	Telephone #
Job Title:		Address:	
Supervisor & Title:		Summarize your job responsibilities:	
May we contact for reference? Yes No Later			
Reason for leaving:		Hourly rate/Salary Start \$ per Final \$ per	

From:	To:	Employer:	Telephone #
Job Title:		Address:	
Supervisor & Title:		Summarize your job responsibilities:	
May we contact for reference? Yes No Later			
Reason for leaving:		Hourly rate/Salary Start \$ per Final \$ per	

From:	To:	Employer:	Telephone #
Job Title:		Address:	
Supervisor & Title:		Summarize your job responsibilities:	
May we contact for reference? Yes No Later			
Reason for leaving:		Hourly rate/Salary Start \$ per Final \$ per	

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying. _____

Educational Background

Name and Location	No. of years	Did you graduate?	Course of study
High School			
College		Major/degree	
Other			

References

Please list three references other than relatives or friends.

Name	Relationship	Telephone	No. yrs known
		()	
		()	
		()	

How did you hear about us? (please be specific):

- Internet/Website _____
 Newspaper _____
- Employee Referral _____
 Job Fair _____
- Veterinary Clinic _____
 Other _____

Applicant Statement

I certify that all information that I have provided in order to apply for and secure work with the employer is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

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

I understand that the employer does not lawfully discriminate in employment and not question on this application is used for the purpose of limiting or excusing and applicant from consideration for employment of a basis prohibited by local, state, or federal law. If I am hired, I understand that I am free to resign at any time, with out without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and 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 the employer is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I certify that I have read, fully understand, and accept all the terms of the Applicant Statement.

Signature _____ Date _____

Mason Animal Hospital is an Equal Opportunity Employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status. Those applicants requiring reasonable accommodations to the applications and/or interview process should notify a representative of the Human Resources Department.

Mason Animal Hospital
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