



APPLICATION FOR EMPLOYMENT

Mountain Aire Veterinary Hospital
837 Lebec Rd. / PO Box 759 Frazier Park, CA 93225
Ph. (661) 248-7387 Fx. (661) 248-7023 www.mountainairevet.com

An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors. All applications will be held for 30 days.

Personal Information

Social Security No. _____ Date: _____

Name: _____
Last First Middle

Present Address: _____ Telephone No. _____
No. Street City State Zip

Position Applied For: _____ Rate of pay expected: \$ _____ per week

Would you work: _____ Full Time _____ Part Time Specify days and hours if part time: _____

Were you previously employed by Mountain Aire? Yes No If yes, when? _____

List any friends or relatives working here, other than spouse: _____

If your application is considered favorably, on what date would you be available to begin work? _____ 20____

Are there any other work experiences, skills, or qualifications you feel would especially fit your work here? Please add any additional comments you feel are important for us to consider: _____

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

For jobs with minimum age requirements: Are you 18 years of age or older? Yes No

For driving jobs: Do you have a valid driver's license? Yes No

Driver's license number: _____ Class of license: _____

Have you had your driver's license suspended or revoked in the last three years? Yes No

If hired, can you furnish proof you are eligible to legally work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

A "yes" does not automatically disqualify you from employment since the offense's nature, date, and position for which you are applying will be considered.

Have you previously applied at Mountain Aire? Yes No

If yes, when and for what position? _____

Have you worked for any other firm under a different name? Yes No

If yes, please state the name: _____

Personal References

(not former employers or relatives)

Name & Occupation	Address	Phone Number

Membership in Professional / Civic Organizations

(no racial, religious, or nationality groups)

Name & Description	Dates of Active Participation	Offices Held

Education Record --- Non-Veterinarians Only

Name of School	Degree Awarded	Grade Ave.	Honors
<i>High School</i>			
<i>College or University</i>			
<i>Business, Trade, Correspondence or Night School</i>			
<i>Other</i>			

Do you type? Yes No
 Manual Machines _____ WMP
 Electric Machines _____ WMP
 Shorthand? Yes No _____ WMP

Office machines and computers/programs you know how to operate:

Education Record --- Veterinarians Only

Name of School	Degree Awarded	Grade Ave.	Honors
<i>High School</i>			
<i>College or University (Preveterinary)</i>			
<i>College or University (Veterinary Curriculum)</i>			

Postgraduate training, including internships (dates, degrees awarded, etc): _____

Are you board certified? *Board Eligible?* *Which specialty board(s)?* _____

List the states in which you are licensed to practice along with license numbers: _____

List all continuing education courses attended in the past 18 months: _____

Employment History (begin with most recent first, list all past employers, including any pertinent military experience)

<i>Name of Company</i>	<i>Business Address, City, State</i>		<i>Phone Number</i>
<i>Type of Business</i>	<i>Immediate Supervisor</i>		<i>Dates of Employment</i>
<i>Exact Job Title</i>	<i>Earnings at Hire</i>	<i>At Termination</i>	<i>Reason for Termination</i>
<i>Description of Duties:</i> _____			

<i>Name of Company</i>	<i>Business Address, City, State</i>		<i>Phone Number</i>
<i>Type of Business</i>	<i>Immediate Supervisor</i>		<i>Dates of Employment</i>
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<i>Type of Business</i>	<i>Immediate Supervisor</i>		<i>Dates of Employment</i>
<i>Exact Job Title</i>	<i>Earnings at Hire</i>	<i>At Termination</i>	<i>Reason for Termination</i>
<i>Description of Duties:</i> _____			

Affidavit

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that Mountain Aire Veterinary Hospital may request an investigative consumer report from a reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any and or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT *DOES NOT* CREATE A CONTRACT OF EMPLOYMENT *NOR* GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. *IF EMPLOYED*, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT *MAY BE TERMINATED AT ANY TIME*, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Signature _____

Date: _____