



THE CAT CLINIC OF STILLWATER

Application for Employment

An Equal Opportunity Employer

We do not discriminate on the basis of religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

PLEASE PRINT CLEARLY

Date: _____

Name: _____
Last First Middle

Email: _____ Telephone: _____

Present address: _____
No. Street City State Zip

Position applied for: _____ Rate of pay expected \$ _____ per hour

Would you work full time part-time or temporarily ? Indicate dates available for temporary employment ____/____/____ - ____/____/____

Were you previously employed by us? _____ If yes, when? _____

List any friends or relatives working here, other than spouse: _____
Name(s)

Are you currently employed?..... yes no

If yes, may we contact your present employer? yes no

How did you hear about us? Advertisement Relative/Friend Inquiry Employment Agency Employee Other

If your application is considered favorably, on what date will you be available for work? _____

Are there any work experiences, skills, or qualifications that you feel would especially fit you for work here? Please add any additional comments you think 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.

Date of birth for jobs with minimum age requirements (MM/DD/YYYY): _____

Do you have a valid driver's license? yes no State in which license was issued: _____ License #: _____

Have you had your driver's license revoked or suspended in the last 3 years? yes no

If hired, can you furnish proof of your eligibility to work in the United States? yes no

Within the last 5 years, have you been convicted of a felony, or within the past two years of any misdemeanor? yes no
A "yes" answer does not automatically disqualify you from employment . If yes, please explain:

In the past 3 years, have you knowingly used any narcotics, amphetamines or barbiturates, other than prescribed to you by a physician? yes no
If yes, please explain: _____

Have you previously applied here? yes no If yes, when? _____

Have you ever worked for any firm under a different name? yes no If yes, give name: _____

Personal references (do not include former employers or relatives)

Name and Occupation	E-Mail Address	Phone number

Professional or civic organizations (do not include racial, religious, or nationality groups)

Name or description of organization	Dates of participation		Offices held

Education record (for non-veterinarians only)

Name of School	Degree Awarded	GPA	Honors
High School			
College or University			
Business, Trade, Correspondence, or Night School			
Other			
Office machines and software you know how to operate			

Education record (for veterinarians only)

Name of School	Degree Awarded	GPA	Honors
High School			
College or University (preveterinary)			
College (Veterinary Curriculum)			
Postgraduate training, including internships (include dates and degrees awarded if any)			
Are you board certified? <input type="checkbox"/> Board eligible? <input type="checkbox"/>			
Which specialty board?			
List continuing education courses attended in past 18 months:			
List the states in which you are licensed to practice along with license numbers:			

Work history (begin with most recent, list all past employers, include pertinent military experience)

Name of company	Address	City	State	Phone
Type of business	Immediate supervisor's name			Dates employed (MM/YY – MM/YY)
Exact job title	Beginning wage	Ending wage	Reason for leaving	
Description of duties				

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Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated of falsity of statements, answers, or omissions made by me in this questionnaire. I also authorize the companies, schools, and persons named above to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that there is no express or implied contract of employment and that if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from the final paycheck(s) all monies due and owing to the company.

Signature: _____ Date: _____