

Employment Application



Cedar Heights

PET CLINIC

Please fill out this form first. Then you can save it as a PDF to your computer and/or print it off. Email a copy to **staff@cedarheightspetclinic.com** or print it and drop a copy off at our office. We are an equal opportunity employer. It is our intent that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors. We are a drug-free workplace.

Applicant Information

Date: _____ Email Address: _____

Name: _____
Last First Middle Initial

Present Address: _____
Street Apartment

_____ *City State Zip*

Telephone: _____ Are you 18 or older? Yes No
Day Night

Employment Information

Full Time Part Time Available weekends When are you available to start working? _____
Date

Are you legally eligible for employment in the United States? Yes No

Position applying for: Receptionist Veterinary Assistant Kennel Veterinary Technician Grooming

Have you ever worked in a veterinary hospital? No Yes, explain:

Job Title: _____ Job Description: _____

Are you a licensed or certified veterinary technician? Yes No

Educational Experience

Name

Type of Degree Received

Year Graduated

High School _____

Technical or
Business _____College or
University _____

Former EmploymentStart Date
End Date

Name/Address

Pay Rate

Position

Reason for leaving

Which of these jobs did you like the best? _____

What did you like most about this job? _____

References

Give the names of three persons not related to you, whom you have known at least one year.

Name

Contact Information

Business

Years Acquainted

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Signature: _____

Date: _____