

**ANIMAL MEDICAL CENTER AT COOPER CITY: APPLICATION FOR EMPLOYMENT**

*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 applications be given equal opportunity and that selection decisions are based on job-related factors.

Date: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Present Address:

Street City State Zip

Telephone (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Position(s) you are applying for:

Would you work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Animal Medical Center is a 24-hour facility. Are there any restrictions on days or hours you can work?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please advise when you are available:

List any friends or relatives working here:

What date would you be available to begin working?

Please advise what work experiences, skills or qualifications you feel would especially fit you for work here:

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: Date of birth: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain.

Have you previously applied here? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when

Have you ever worked in a veterinary hospital? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, briefly describe job description:

Are there any restriction with your health that would restrict you from bending, walking or lifting?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

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**EMPLOYMENT HISTORY**

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Name of Company	City	Telephone
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Type of business	Supervisor's Name
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Exact job title	Dates of Employment	Final Earnings
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Brief description of duties

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Reason for leaving

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Name of Company	City	Telephone
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Type of business	Supervisor's Name
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Exact job title	Dates of Employment	Final Earnings
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Brief description of duties

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Reason for leaving

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Name of Company	City	Telephone
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Type of business	Supervisor's Name
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Exact job title	Dates of Employment	Final Earnings
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Brief description of duties

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Reason for leaving

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**BUSINESS REFERENCES**

- 1. \_\_\_\_\_  
Name Phone Relationship
  
- 2. \_\_\_\_\_  
Name Phone Relationship
  
- 3. \_\_\_\_\_  
Name Phone Relationship

**EDUCATION RECORD**

- \_\_\_\_\_ High School City Date Graduated
  
- \_\_\_\_\_ College/University Date Graduated
  
- \_\_\_\_\_ Other schooling/courses/continuing education Date Completed

I certify that the answers given by me 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 because of falsity of statements, answers or omissions made by me in this questionnaire. 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 all money due and owing to the company.

*\*\*Typing your name in the space below indicates that you agree with the paragraph above & are signing this document electronically.*

\_\_\_\_\_  
Signature Date