

Employment Application

Our Mission: to provide the highest quality veterinary medicine while treating our patients with compassionate care and offering people respect, integrity and understanding.

			Date:
Name:			
First		Middle	Last
Present Address:			
	Street	City	State/Zip
Phone Number: () Er	nail Address:	
Position Applied For	:	Seeki	ng: Full-time 🗖 Part-time 🗖
	employed by this org		0 🗆
	considered favorably hourly rate of compe		?
If hired, can you prov Yes □ No □	vide evidence that you	are eligible to work	in the United States?
Are you 18 years or o	older?Yes 🗆 No 🗆	Date of Birth	//
Social Security numb	er		
Do you have a valid o	lriver's license? Yes 🛛] No 🗆	
Driver's license num	ber:	Type/Class:	State:
Do you have reliable	transportation? Yes	□ No □	
	you from employment sind		note that a yes answer does not se, date, and the job for which you
If yes, please explain	:		
	cerminated by an emp		



Work History

(Begin with most recent)

Name of Company:	Business Address:			Phone Number:	
	City	State	Zip		
Type of Business:	Supervisor's Name:	butt	<u>_</u>	Dates Employed From: To:	
Job Title:	Earnings At hire: At termination/leave:			Reason for Termination/Leave:	
Description of Duties:	· · ·				
Name of Company:	Business Address:			Phone Number:	
	City	State	Zip		
Type of Business:	Supervisor's Name:		<u>F</u>	Dates Employed From: To:	
Job Title:	Earnings At hire: At termination/leave:			Reason for Termination/Leave:	
Description of Duties:					
Name of Company:	Business Address:		Phone Number:		
	City	State	Zip		
Type of Business:	Supervisor's Name:	State	<u></u>	Dates Employed From: To:	
Job Title:	Earnings At hire: At termination/leave:			Reason for Termination/Leave:	
Description of Duties:	I				



Barbara T. Page, DVM

References

Please list at least one professional and one personal.

Name	Occupation	Relationship to applicant	Phone Number

Education

High School:				
Name	City/State			
Graduated: Yes 🗖 No 🗖 GED 🗖	Year Graduated:			
College:				
Name	City/State			
Graduated: Yes 🗖 No 🗖	Year Graduated:			
Other (post grad, trade, etc.):				
Name	City/State			
Graduated: Yes 🗖 No 🗖	Year Graduated:			
Why do you want to work at Colorado Equine Clinic?				

What skills, qualifications, or other work experiences do you feel qualify you for employment here?

Why should you be selected for this position?



An Equal Opportunity Employer

Our practice does not discriminate on the basis of race, religion, natural origin, color, age, sex, veteran status, disability, or any other status protected by applicable law or regulation. It is our intent that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

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 the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living. 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 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 I may be required to successfully pass an alcohol/drug screening examination; I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required and if permitted by law.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment or guarantee employment for any definite period of time. Only the practice manager or owner has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by such person and the employee. 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 reason and with or without notice.

I have read, understand, and by my signature I consent to these statements.

Printed name

Signature

Date



For Employer's Use Only

Reference Checks

Date Called	Company Called	Person Contacted	Comments

Interview Comments:

68