King William Veterinary Clinic

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

**Job Applied For:** 🞏 Receptionist 🞏 LVT 🞏 Assistant 🞏 Other

HOW DID YOU LEARN ABOUT THIS POSITION?

🞏 Newspaper (List Publication)

🞏 State Agency

🞏 Other website (List website)

🞏 Employee Referral 🞏 Friend

🞏 Other:

|  |
| --- |
| VOLUNTARY INFORMATION**The information you provide below is voluntary.** |

#### Affirmative Action

If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs. This will also be used for research and statistical purposes.

# **Ethnic Background (check only one)**

🞏 **Asian or Pacific Islander**: Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

🞏 **African American (not of Hispanic origin**): Persons having origins in any of the black ethnic groups.

🞏 **Hispanic**: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.

🞏 **Native American or Alaskan Native**: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

🞏 **Caucasian (not of Hispanic origin)**: Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Gender:** 🞏 MALE 🞏 FEMALE

**Disabled:** 🞏 YES 🞏 NO

(Checking the “yes” box has no effect on an employer's obligation to provide reasonable accommodation under state and federal disability laws.)

**ATTENTION**

**Attach this page to your application materials**

**even if you do not provide the voluntary information.**

King William Veterinary Clinic EMPLOYMENT APPLICATION

***An Equal Opportunity Employer***

|  |  |
| --- | --- |
| TYPE or PRINT in INK | Please complete the application by typing or clearly printing in dark ink.  |
| **JOB APPLIED FOR**  | **SOCIAL SECURITY NUMBER:** |
|  |  **- -**  |
| DRIVER’S LICENSE NUMBER: | STATE OF ISSUE: |
|  |  |
| NAME AND ADDRESS |
|  | NAME (LAST, FIRST, M.I.): | HOME TELEPHONE (include area code): |
|  |  |
| MAILING ADDRESS: | WORK TELEPHONE (Provide only one including area code): |
|  |  |
| CITY | STATE | ZIP CODE: | OTHER (include area code): |
|  |  |  |  |
| EMAIL ADDRESS: |
|  | ❑ PAGER |  ❑ CELL PHONE | ❑ |
|  |
| ❑ PRESENT EMPLOYER ❑ LAST EMPLOYER (Check one): | May We Contact? | CITY AND STATE: |
|  | ❑ Yes ❑ No |  |
|  |
| **WORK SCHEDULE AVAILABILITY** |
| Check Only One: | Check Only One: |  Date You Can Report For Work: |
| ❑ PERMANENT ❑ SEASONAL ❑ EITHER  | ❑ FULL TIME ❑ FULL OR PART TIME ❑ PART TIME ❑ INTERMITTENT ❑ ANY  |  |

|  |
| --- |
| **EMPLOYEE HISTORY**The DEA requires us to ask these questions of every applicant. |
| Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing any criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence. ❑ Yes ❑ NoIn the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details. ❑ Yes ❑ NoDetails: |

|  |
| --- |
|  **EDUCATION / TRAINING HISTORY**List colleges, military, trade, business or other schools attended. |
|  Do you have a high school diploma or a GED certificate? (Check one) 🞏 YES 🞏 NO  |
| **Name and Location****Of****School, College, or University** | Course of Study**(List Major)** | **Credits Earned** | **Did You****Graduate?****(Yes / No)** | **Degree or Certificate Received** |
| **A** |  |  |  |  |  |
| B |  |  |  |  |  |
| C |  |  |  |  |  |
|  |
| LICENSE / REGISTRATION / CERTIFICATEList any **required** professional license, registration, certificate, Commercial Driver’s License (CDL), etc. |
| **Description** | **State** | **Number** | Expiration |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **SPECIALIZED SKILLS AND KNOWLEDGE**List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed,computer languages or software programs, foreign languages, etc.). Attach additional pages as needed. |
|  |

|  |
| --- |
| **W O R K H I S T O R Y** |

|  |
| --- |
| **JOB NUMBER 1** **(current or most recent position)** |
| NAME OF EMPLOYER | EMPLOYER’S ADDRESS and PHONE NUMBER |
|  |  |
| KIND OF BUSINESS | SUPERVISOR’S NAME and PHONE NUMBER |
|  |  |
| YOUR JOB TITLE | SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:❑ Assigning and Reviewing work ❑ Handling Disciplinary problems❑ Rating Work Performance ❑ Responding to Grievances❑ Hiring or Recommending Hiring ❑ Not Responsible for Any of AboveIf you checked any of these boxes, list the number of employees and their job titles:  |
|  |
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) |
|  |  |
| TOTAL TIME IN CURRENT OR LAST POSITION: | HOURS WORKED PER WEEK (Average) |
|   |   |
| DUTIES (List all duties you performed. No credit will be given if this section is not completed.): |
| Reason for leaving this position:  |

|  |
| --- |
| **JOB NUMBER 2** |
| NAME OF EMPLOYER | EMPLOYER’S ADDRESS and PHONE NUMBER |
|  |  |
| KIND OF BUSINESS | SUPERVISOR’S NAME and PHONE NUMBER |
|  |  |
| YOUR JOB TITLE | SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:❑ Assigning and Reviewing work ❑ Handling Disciplinary problems❑ Rating Work Performance ❑ Responding to Grievances❑ Hiring or Recommending Hiring ❑ Not Responsible for Any of AboveIf you checked any of these boxes, list the number of employees and their job titles: |
|  |
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) |
|  |  |
| TOTAL TIME IN POSITION: | HOURS WORKED PER WEEK (Average) |
|   |   |
| DUTIES (List all duties you performed. No credit will be given if this section is not completed.): |
| Reason for leaving this position:  |

|  |
| --- |
| **JOB NUMBER 3** |
| NAME OF EMPLOYER | EMPLOYER’S ADDRESS and PHONE NUMBER |
|  |  |
| KIND OF BUSINESS | SUPERVISOR’S NAME and PHONE NUMBER |
|  |  |
| YOUR JOB TITLE | ❑ Assigning and Reviewing work ❑ Handling Disciplinary problems❑ Rating Work Performance ❑ Responding to Grievances❑ Hiring or Recommending Hiring ❑ Not Responsible for Any of AboveIf you checked any of these boxes, list the number of employees and their job titles: |
|  |
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) |
|  |  |
| TOTAL TIME IN POSITION: | HOURS WORKED PER WEEK (Average) |
|   |   |
| DUTIES (List all duties you performed. No credit will be given if this section is not completed.): |
| Reason for leaving this position:  |

|  |
| --- |
| **W O R K H I S T O R Y** |

|  |
| --- |
| **JOB NUMBER 4** |
| NAME OF EMPLOYER | EMPLOYER’S ADDRESS and PHONE NUMBER |
|  |  |
| KIND OF BUSINESS | SUPERVISOR’S NAME and PHONE NUMBER |
|  |  |
| YOUR JOB TITLE | SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:❑ Assigning and Reviewing work ❑ Handling Disciplinary problems❑ Rating Work Performance ❑ Responding to Grievances❑ Hiring or Recommending Hiring ❑ Not Responsible for Any of AboveIf you checked any of these boxes, list the number of employees and their job titles: |
|  |
| FROM (MONTH - YEAR) | TO (MONTH - YEAR) |
|  |  |
| TOTAL TIME IN POSITION: | HOURS WORKED PER WEEK (Average) |
|   |   |
| DUTIES (List all duties you performed. No credit will be given if this section is not completed.): |
| Reason for leaving this position:  |
|  |
| **CERTIFICATION AND SIGNATURE**I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.1. I certify that all statements contained herein are true and complete.
2. I understand that if hired, I must prove that I am legally authorized to work in the United States.
3. I authorize the King William Veterinary Clinic to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
4. I authorize the King William Veterinary Clinic to check my driving record if the position for which I am applying requires driving.
5. I authorize the King William Veterinary Clinic to run a credit history check and criminal history background check as a condition of employment.
6. I release the King William Veterinary Clinic and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.
 |
| PRINT FULL NAME | DATE: |
| APPLICANT’S SIGNATURE |  |

Thank You For Your Interest In Employment With King William Veterinary Clinic