

Please fill in each blank in your own handwriting. *Please use pen!*
If not possible, see company representative for assistance

Personal Information:

Date Applying: _____

Name (first middle last): _____

Maiden name: (if applicable): _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email address: _____

Are you authorized to work in the United States: ___ Yes ___ No

In 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. (Use back if needed)

Employment position applying for:

Position desired: First choice _____ Second Choice _____

Date available for employment: _____ Prefer full /part time _____ Salary _____

Have you ever applied for work with us before? [] yes [] no If yes, when _____

Have you even been in our employ? [] yes [] No

How did you hear about the position? _____

Military: (optional)

Date entered military service _____ Date discharged _____ Rank _____

Nature of Military duties. _____

- We are an equal employment opportunity employer in accordance with applicable local, state and federal law.

Type of school	Name and Location	Dates attended		Graduate		Grade Point average	Degree received	Major Minor
		From	To	Yes	No			
		Mo. / Yr.	Mo. / Yr.					
High School								
College or University						out of		
College or University						out of		
Graduate School						out of		
Other						out of		

I will be willing to supply a transcript of my grades if requested: yes no

Scholastic honors received: High school: _____

College: _____

Foreign Languages which you read and write: _____

Optional:

Sports, activities, organizations and offices held: High School: _____

College: _____

Memberships in Professional and Honorary Societies: _____

May we have permission to contact: Present Supervisor Yes No

Past Supervisors listed below Yes No

References listed on below Yes No

If more space is necessary for employment, please attach additional sheets.

Please note: Application materials are not complete without applicant's signature on end page.

College students only: List college faculty members who know you and your work well.

Name	School	Phone	School location	Department

Employment History

Employer (Most recent first)	Address	Month – Year employed	Name of last supervisors(s)	Reason for leaving
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1.		Start		
		End	Phone:	

Details of Responsibilities: _____

Is this your present employer? Yes No (If yes, this employer will not be contacted without your permission – see below)

2.		Start		
		End	Phone:	

Details of Responsibilities: _____

3.		Start		
		End	Phone:	

Details of Responsibilities: _____

4.		Start		
		End	Phone:	

Details of Responsibilities: _____

All applicants: List business and professional people, other than relatives, who know you well.

Name	Business Address	Phone	Occupation	Years known

Is there anything else you would like to tell us about yourself?

CONDITIONS OF EMPLOYMENT AT LAKEVIEW VETERINARY CLINIC, LLC
(Herein Referred To As “the Company”)

“I certify that the information on this and any other employment form is true to the best of my knowledge and belief. I fully understand that any offer I *may* receive is contingent upon my passing a drug and alcohol test.

I authorize the Company to inquire of any and all persons, other than my present employer (unless I grant permission), as to my character, ability and history (such as academic, credit and criminal) and as to statements contained within the employment application and hereby release from all liability or damage the Company and those persons who provide such information to the Company. Furthermore, I understand that misrepresentation or omission of facts in this application or any other employment form is cause for its cancellation, or for immediate termination of employment in the event I am subsequently employed by the Company.

I understand that, if an offer of employment is made, I must comply with the Immigration Reform and Control Act of 1986, as amended, by submitting documents that verify my identity and authorization for employment in the United States.

I understand and acknowledge that acceptance of the employment application is not an express or implied promise by the Company to offer employment to me. If I am subsequently employed by the Company, my employment may be terminated with or without cause and with or without notice, at any time, at the option of either the Company or myself.

Signature: _____ Date: _____