

# Cottonwood Animal Hospital Employment Application

## An Equal Opportunity Employer

*Cottonwood Animal Hospital is an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other category protected by applicable federal, state, or local laws.*

*THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THE APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.*

### Please print and fill out all sections

## APPLICANT INFORMATION

Applicant Name \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Current Address  
Number and street \_\_\_\_\_  
City \_\_\_\_\_  
State & Zip \_\_\_\_\_  
How long have you lived there \_\_\_\_\_ / \_\_\_\_\_  
Years Months

Previous Address:  
Number and street \_\_\_\_\_  
City \_\_\_\_\_  
State & Zip \_\_\_\_\_  
How long did you live there \_\_\_\_\_ / \_\_\_\_\_  
Years Months

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT POSITIONS**

Position(s) applying for: \_\_\_\_\_

**ARE YOU APPLYING FOR:**

Regular part-time work?  Y or  N

Regular full-time work?  Y or  N

What days and hours are you available for work? \_\_\_\_\_

If hired, what date can you start working? \_\_\_ / \_\_\_ / \_\_\_

Can you work on the weekends?  Y or  N

Can you work evenings?  Y or  N                      Nights?  Y or  N

Are you available to work overtime?  Y or  N

Salary desired: \$ \_\_\_\_\_

**PERSONAL INFORMATION:**

How were you referred to Company?: \_\_\_\_\_

Have you ever applied to / worked for Company before?  Y or  N

If yes, please explain (include date): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for Company?  Y or  N

If yes, state name & relationship: \_\_\_\_\_

If hired, would you have transportation to/from work?  Y or  N

If under 18, can you produce the necessary work certificate at time of employment?  Y or  N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  Y or  N

If hired, are you willing to submit to and pass a controlled substance test?  Y or  N

Are you able to perform the essential functions of the job for which you are applying, either with/ without reasonable accommodation?  Y or  N

If no, describe the functions that cannot be performed \_\_\_\_\_

*(Note: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Y or  N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

*(Note: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.*

*No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

Have you ever initiated an act of violence in the workplace?  Y or  N

If Yes, please provide date(s) and explain so that individual circumstances can be considered. (A 'Yes' answer will not necessarily disqualify you from employment.)

\_\_\_\_\_

## EDUCATION, TRAINING AND EXPERIENCE

<i>Education</i>	<i>School Name and Location (Address, City, State)</i>	<i>Course of Study</i>	<i>Graduate? Yes or No</i>	<i># Years Completed</i>	<i>Degree Major</i>
High School					
College					
Bus/Tech/Trade or Post College					

### **Military:**

Branch: \_\_\_\_\_

Rank in Military: \_\_\_\_\_

Total Years of Service: \_\_\_\_\_

Skills/duties: \_\_\_\_\_

Related details: \_\_\_\_\_

## ADDITIONAL INFORMATION

Do you speak, write or understand any foreign languages?  Y or  N

If yes, describe which language(s) and how fluent of a speaker you consider yourself

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Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention?  Y or  N

If yes, please explain \_\_\_\_\_

## EMPLOYMENT HISTORY

Are you currently employed?  Y or  N

If you are currently employed, may we contact your current employer?  Y or  N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor's Name \_\_\_\_\_

May we contact?  Y or  N If No, Why Not? \_\_\_\_\_

Wages: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? \_\_\_\_\_ In none, explain \_\_\_\_\_

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Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor's Name \_\_\_\_\_

May we contact?  Y or  N If No, Why Not? \_\_\_\_\_

Wages: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? \_\_\_\_\_ In none, explain \_\_\_\_\_

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Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_  
Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
May we contact? [ ] Y or [ ] N If No, Why Not? \_\_\_\_\_  
Wages: Start \_\_\_\_\_ Final \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
What will this employer say was the reason your employment terminated? \_\_\_\_\_  
How much notice did you give when resigning? \_\_\_\_\_ In none, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated or asked to resign from any job?  Y or  N

Has your employment ever been terminated by mutual agreement?  Y or  N

Have you ever been given the choice to resign rather than be terminated?  Y or  N

## REFERENCES

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

Name - First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

Name - First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

**PLEASE READ AND INITIAL EACH PARAGRAPH, THEN SIGN BELOW**

I understand that the Company has a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If I am offered a conditional offer of employment, I understand that a pre-employment (post-offer) drug and/or alcohol test is positive the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state and local law.

\_\_\_\_\_

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

\_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

\_\_\_\_\_

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

\_\_\_\_\_

**If hired, I agree to conform to the rules and regulations of the Company, and I understand that the Company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at-will.**

\_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_