

# WALDEN LAKE ANIMAL CLINIC

## Employment Application



We are an equal opportunity employer who complies with all applicable federal, state and local laws concerning nondiscrimination in employment. No question in this application is intended to elicit information in violation of any such law. Nor will any information obtained in response to any questions be used in violation of such law.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for	Days and Hours Desired		
Employment Status Desired	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>
Are you at least 18 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not 18 years of age, provide date of birth / /
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Name any friends or relatives employed by Walden Lake Animal Clinic			

EDUCATION			
Circle Highest Year Completed	High School: 9 10 11 12	College: 1 2 3 4	Graduate: 1 2 3 4
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

### EXPERIENCE

List any training, experience, skills, and abilities you have that you consider important to the successful performance of the job for which you are applying.

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**PREVIOUS EMPLOYMENT**

List the most recent first. Please give accurate, complete full-time and part-time employment record.  
*A resume may not substitute for this section.*

Company				Phone ( )	
Address				Supervisor	
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone ( )	
Address				Supervisor	
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone ( )	
Address				Supervisor	
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone ( )	
Address				Supervisor	
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

**OTHER SKILLS**

Have you had any other experiences or do you possess other qualifications in addition to those indicated above which are relevant to the job for which you are applying?


**DISCLAIMER AND SIGNATURE**

I hereby declare the information provided by me in this Application for Employment is true, correct, and complete, and understand that, if I am employed, any false, misleading or omitted statements may result in my discharge from employment.

I authorize Walden Lake Animal Clinic, (WLAC) to verify any of the information I have submitted in this application. I also certify that I have given WLAC permission to make whatever investigative inquiries of all statements made herein, including the release of police records, contacting all references, school references and previous supervisors to secure information concerning my skills, character and ability.

I understand that, if I receive an offer of employment, it will be contingent on my passing a pre-employment drug test and/or pre-employment physical examination in the United States within 3 business days from date of hire.

I understand that this employment application and any other Company documents are not a contract for employment, and that, if I am employed, my employment and compensation can be terminated with or without cause, and with or without notice, at any time at the option of either the employer or myself. I understand that no representative of WLAC other than its President, and then only in writing, has the authority to enter into any agreement for employment for any specified time, or to make any agreement for employment for any specified time, or to make any agreement contrary to the foregoing.

Signature	Date
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