

## All Creatures Great & Small Veterinary Hospital

## **Employment Application**

		A	pplica	nt I	nform	ation	l		
Full Name:								Date:	
	Last		First				M.I.		
Address:									
	Street Address							Apartment/Uni	t #
	City						State	ZIP Code	
Phone:	-			]	Email				
Date Availal	ole:	Driver's I	License #	·:			Desire	ed Salary: <b>\$</b>	
Position App	plied for:								
Are you a ci	tizen of the United Stat		ÆS N		If no, a	ıre you	authorized to v	yES vork in the U.S.? □	NO
Were you er previously?	nployed by this compa	•	ES N	_	If yes	to any,	explain:		
Have you ever been convicted of a felony?									
connection with controlled substances under state or federal law?			7						
Have you ev	er surrendered or had	revoked,		_					
suspended, restricted or denied a federal controlled substance registration?			]						
revoked, sus	spended, denied, restri								
placed on pi	obation?	[							
			E	duc	ation				
High School	l:		Add	ress:					
From:	То:	Did y	ou gradı	ıate?	YES	NO	Diploma:		
College:			Add	ress:					
From:	To:	Did y	ou gradı	ıate?	YES	NO	Degree:		
Other:			Add	ress:					
From:	To:	Did y	ou gradı	ıate?	YES	NO	Degree:		

	Previous F	Employm	ent		
Company:				Phone:	_
Address:				Supervisor:	_
Job Title:	Starting S	Ending Salary:	_		
Responsibilit	ties:				_
From:	To:		_		
May we cont	act your previous supervisor for a reference?	YES	NO 🗆		_
Company:				Phone:	
Address:				Supervisor:	_
Job Title:	Starting S	Starting Salary:			
Responsibilit	ties:				
From:	To:	Reason fo	or Leaving:		_
May we cont	act your previous supervisor for a reference?	YES	NO 🗆		
Company:				Phone:	
Address:				Supervisor:	_
Job Title:	Starting S	Ending Salary:	_		
Responsibilit	ties:				_
From:	To:	Reason fo	or Leaving:		_
May we cont	act your previous supervisor for a reference?	YES	NO 🗆		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting Salary:			Ending Salary:	
Responsibilit	ties:				
From:	To:	Reason fe	or Leaving:		
May we cont	act your previous supervisor for a reference?	YES	NO 🗆		

References						
Please list three professional references.						
Full Name:	Relationship:					
Company:	Phor	ne:				
Address:						
Full Name:	Relationshi	p:				
Company:	n)					
Address:	,					
Full Name:	Relationshi	p:				
Company:	Dhono					
Address:						
Military S	Service					
Branch:	From:	To:				
Rank at Discharge: Type of Discharge:						
If other than honorable, explain:						
Authorizations  From time to time, All Creatures Great & Small Veterinary Hospital, or its Management Company, Nine Eight Suited, LLC may record photographic representations, in both analog and digital formatting, of its employees for both internal use and external marketing. By accepting employment, I authorize internal use of these images. By signing below, I am explicitly authorizing the use of my image and likeness for any external marketing efforts engaged in and approved by either Owner or Practice Manager.						
Signature						
Probation, Disclain	ner and Signature					
It is understood and agreed that, if offered employment at basis for a period of 90 days with no promise of regular en understood and agreed that I may be discharged at any tir understood and agreed that during this probationary period ACGSVH and its associates harmless and free of any clair employment period.	nployment at the end of said pr ne before the probationary per d, I am eligible for merit based	robationary period. It is iod has ended. It is also raises. I, therefore, hold				
I certify that my answers are true and complete to the bes	t of my knowledge.					
If this application leads to employment, $I$ understand that interview may result in my release.	false or misleading informati	ion in my application or				
Signature:	Date	: <u> </u>				