

EAST PINES ANIMAL CLINIC, INC.
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

We do not discriminate based on race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors. If you need an accommodation to complete the application process, please contact Dr. Jeffrey W. Mauck or Dr. Sara Burns, at 812-897-0810.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for the signature on the back of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Today's Date:	Position Applied For:		
Are you seeking: (circle one) Full-Time Part-Time Temporary			
When are you available to start work?			
APPLICANT INFORMATION			
Last Name	First Name		Middle Name
Telephone Number	Email		
Street Address (Physical address no PO Box)		City	State Zip
Mailing Address if different from physical address		City	State Zip
Are you 18 years of age or older?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, can you provide a work permit, if required?		Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Are you a citizen of the United States?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever applied here before?		Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, when?
Have you ever been employed here?		Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, when?
What wage are you expecting for this position?		\$	/hour
Are you now or do you expect to be engaged in any other business or employment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain:			
Have you ever been terminated or asked to resign from any position of employment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain:			
Have you ever been convicted of a felony?*		Yes <input type="checkbox"/>	No <input type="checkbox"/>
*Answering yes to this question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness, and nature of the violation will be taken into consideration.			

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EDUCATION			
High School or GED:	Street Address	City, State	
Start Date	End Date	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or University:	Street Address	City, State	
Start Date	End Date	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diploma/Degree/Certificate Earned:			
Vocational/Technical:	Street Address	City, State	
Start Date	End Date	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Degree/Certificate/Subjects Studied:			
Are you presently enrolled in school? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes:			
Name of School	City, State	Expected Degree & Graduation Date	

YOUR AVAILABILITY FOR WORK							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							
Total hours per week you expect to be available to work:							
Do you have any special requests or needs for your work schedule? (be specific)							
Are you willing/able to work your fair share of weekends and holidays? If no, please explain:							

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WORK HISTORY	
List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and periods of unemployment. If self-employed, give business name and supply business references. PLEASE GIVE MONTH AND YEAR.	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	
Title:	Reason for Leaving:
Duties:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	
Title:	Reason for Leaving:
Duties:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	
Title:	Reason for Leaving:
Duties:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	
Title:	Reason for Leaving:
Duties:	

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REFERENCES	
Have you worked or attended school under any other names? If yes, give names:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you presently employed? If yes, whom do you suggest we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Please list three professional references, not relatives or former employers</i>	
Full Name	Relationship
Email Address	Phone Number
Full Name	Relationship
Email Address	Phone Number
Full Name	Relationship
Email Address	Phone Number

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AFFIDAVIT

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

GENERAL AGREEMENT

I hereby certify that the information contained in this application form is true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.

I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion.

I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.

EMPLOYMENT RELATIONSHIP

If hired, I understand that employment with East Pines Animal Clinic, Inc. is not for a specified term and can be terminated "At Will", with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. No employee or representative of the practice, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the "At-Will" nature of the employment relationship unless it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "At-Will" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

AUTHORIZATION OF REFERENCE AND BACKGROUND CHECKING

All offers of employment are conditioned upon receipt of satisfactory responses to reference requests and background inquiries and exams. Unless I have otherwise indicated above, I authorize the references listed, as well as all other individuals who may be contacted, to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have. Additionally, contingent upon a conditional offer of employment and as part of screening for the position for which I am applying, if required, I agree to take a physical exam, drug test, and/or authorize a background check which may include a review of criminal convictions, driving record and credit history. I understand that East Pines Animal Clinic, Inc. complies with the federal Fair Credit Reporting Act (FCRA), federal and state equal employment opportunity laws and all other applicable legal authority that affects the performing of pre-employment background checks, including KRS 335B, which requires that only criminal convictions that directly relate to the position of employment sought will be considered. Further, I release all parties and persons from all liability for any damages that may result for furnishing the practice with such information as well as from the use of disclosure of such information by the employer or any of its agents, employees or representatives.

I understand this application is the property of East Pines Animal Clinic, Inc. This application must be signed and dated below before I will receive consideration for employment.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

Reminder: Please bring copies of transcripts, certifications, professional licenses, and other documents that support the information provided in this application. If a certification or license is renewed after submission of this application, please bring in your current document for us to copy. An expired credential may result in you not being considered for a vacancy.