

ANIMAL EMERGENCY CLINIC

9937 BIG BEND ROAD 12501 NATURAL BRIDGE RD. 334 FORT ZUMWALT SQUARE 17497 NORTH OUTER 40 DRIVE
ST. LOUIS, MO. 63122 BRIDGETON, MO. 63044 O'FALLON, MO 63366 CHESTERFIELD, MO 63005

APPLICATION FOR EMPLOYMENT

In order that your application may be properly evaluated, it is essential that you answer all questions on this application carefully and completely.

You will be considered for employment without regard to your race, color, creed, sex, religion, marital status, natural origin status with regard to public assistance, disability, or age. The Animal Emergency Clinic is not interested in sponsoring applicants for permanent residency or non-resident VISA status.

PLEASE PRINT

Name in full _____
(last) (first) (middle) (today's date)

Present Address _____
(street) (city, state, zip)

Phone Number _____ How long have you lived here? _____

Permanent address _____
(If different from above)

Position desired _____ Fulltime _____ Parttime _____

I can work the following times:

Mon. _____ Tue. _____ Wed. _____ Thur. _____

Fri. _____ Sat. _____ Sun. _____

Minimum salary desired _____ Date available _____

Are you employed now? _____ Where? _____

May we contact your present employer? _____

Are you acquainted with anyone employed here? _____

Are you related to anyone employed here? _____

Who? _____ Relationship? _____

Days absent from work last year: _____

Can you work overtime if needed? _____

Any professional license?_____State_____License#_____

Do you have any previous experience in the animal health field?_____

If yes, where and a brief description of duties._____

EDUCATION

High School: Name and location_____

Graduated Yes____No____

GED Yes____No____

College: Name and location_____

Major_____Graduated Yes____No____

Degree_____Attended from_____to_____

Other schools attended_____

EMPLOYMENT RECORD

Last or present job:

Name & address of company._____

Phone number_____Supervisor_____

Dates of employment_____

Salary_____Duties_____

Reason for leaving_____

Previous Employment:

Name & address of company._____

Phone number_____Supervisor_____

Dates of employment_____

Salary_____Duties_____

Reason for leaving_____

Previous Employment:

Name & address of company._____

Phone number_____Supervisor_____

Dates of employment_____

Salary_____Duties_____

Reason for leaving _____

Comments _____

PERSONAL REFERENCES
(not relatives)

1. Name _____
Address _____
Home Phone _____
Business _____ Business Phone# _____
2. Name _____
Address _____
Home Phone _____
Business _____ Business Phone# _____

Read Carefully Before Signing

1. All statements made by me on this application are true to the best of my knowledge and belief. If I have submitted any false information, it is cause for my immediate discharge.
2. I understand that employment at the Animal Emergency Clinic, is "at will," which means, that either I or the Clinic can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.
3. At no time, whether I am an employee or not, will any information regarding the patients or clinic finances be revealed to anyone unless I have been specifically instructed to do so.
4. Have you ever been convicted of a felony? _____
5. It is our policy to bond all employees. In order to do this every new employee will have a police check done and will be required to undergo drug testing. Results of these procedures must be received before you may begin to work.

Signed _____

Date _____