

# Application for Employment

## *Bakersfield Veterinary Hospital*

8610 Harris Rd  
Bakersfield, CA 93311

We are an equal opportunity employer and do not discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs are available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # for: Day (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Night (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's Licenses #: \_\_\_\_\_ State in which licensed: \_\_\_\_\_

Position(s) applied for or type of work desired: \_\_\_\_\_

Type of employment desired: (check one)  full-time  part-time  temporary

Date when you will be available to start work: \_\_\_\_\_

Are you able to meet the attendance requirements? Yes  No

Do you have any objection to working overtime, if necessary? Yes  No

Can you travel if required by this position? Yes  No

Have you ever been previously employed by our organization? Yes  No

Can you submit proof of legal employment authorization and identity? Yes  No

If you are under 18, can you furnish a work permit, if it is required? Yes  No

Have you ever been convicted of a crime in the last 7 years? \*Yes  No

\*If yes, please explain (a conviction will not automatically bar you from employment): \_\_\_\_\_

\_\_\_\_\_

How were you referred to us? \_\_\_\_\_

### Other Skills and Qualifications:

Summarize any job-related training, skills, licenses, certificates, or other qualifications: \_\_\_\_\_

\_\_\_\_\_

### Educational History:

List school name, location, years completed, course of study, and any degrees earned:

High School: \_\_\_\_\_

\_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_

College: \_\_\_\_\_

\_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_

Technical Training: \_\_\_\_\_

\_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

## Employment History:

Please provide all employment information from your past 4 years of employment starting with the most recent.

Did you provide a résumé for us to review with this application? Yes \_\_\_ No \_\_\_

1.) Employer: \_\_\_\_\_ Immediate supervisor and title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ to \_\_\_\_\_

Salary: \_\_\_\_\_ Job Summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2.) Employer: \_\_\_\_\_ Immediate supervisor and title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ to \_\_\_\_\_

Salary: \_\_\_\_\_ Job Summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3.) Employer: \_\_\_\_\_ Immediate supervisor and title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ to \_\_\_\_\_

Salary: \_\_\_\_\_ Job Summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**References:** (List 3 names, telephone numbers, and years known. Do not include relatives or previous employers.)

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination, if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_