

Employment Application

Date: _____

Position applied for: _____

Full Name: _____

Address: _____

Phone: (____) _____ Alternate number: _____

Date available to start: _____ Soc. Sec. #: _____ Salary desired: _____

If you are under the age of 18 and we require a work permit can you furnish one? yes no

Are you a citizen of the United States? yes no If, not do you have work papers? Yes no

Type of employment desired: Full-time Part time

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? yes no

If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's License Number: _____

EDUCATION:

High School: _____ Did you graduate?: yes no

College/University _____ Address: _____

Years completed: _____ Did you graduate: yes no Degree: _____

Major: _____ GPA: _____ Class rank: _____

Other: _____ Address: _____

years completed: _____ Did you graduate: yes no Degree: _____

Major: _____ GPA: _____ Class rank: _____

REFERENCES (not a family member):

NAME: _____ Phone# _____

Relationship: _____ Years known: _____

NAME: _____ Phone# _____

Relationship: _____ Years known: _____

GENERAL INFORMATION:

Subjects of special Study/Research work or training Skills

MVS is a Drug Free Workplace. A pre-employment drug test must be past upon employment agreement. Initial here _____

Permission for Miami Veterinary Specialists to perform a background check

_____ (signature of applicant)

FORMER EMPLOYERS (List in order of most recent one first):

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	MAY WE CONTACT EMPLOER/ PHONE NUMBER	REASON FOR LEAVING
FROM _____ TO _____					
FROM _____ TO _____					
FROM _____ TO _____					

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information the may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE: _____ SIGNATURE: _____

-----**DO NOT WRITE BELOW THIS LINE**-----

Remarks:

Neatness	Character
Personality	Ability
Salary	2nd interview recommended/working interview