

Application for Employment

Old Dominion Animal Clinic An Equal Opportunity Employer

Social Security No. _____ Date _____

Name _____

Last

First

Middle

Present Address _____ Phone _____ Cell _____

Position applied for _____ Rate of pay expected _____

Would You Work _____ Full time _____ Part time Specify days and hours if part-time _____

Have you applied with Old Dominion Animal Clinic before? _____ If yes, when? _____

What date would you be able to work? _____

Are there any work experiences, skills, or qualifications that you feel would especially fit you for work here?

Are you 18 years of age or older? _____

If hired ,can you furnish proof you are eligible to work in the United States? _____

Driver's License number _____

Have you ever been convicted of a felony? _____

If "yes" please explain _____

Are you currently employed? _____ May we inquire of your present employer? _____

References(no more than one personal)

Name and Occupation

Address

Phone No.

Name and Occupation	Address	Phone No.

Education Record

Name of School

Degree Completed

Name of School	Degree Completed

Employment History (starting with last one first)

Date	Name and address of Employer	Salary	Position	Reason for Leaving

Special Skills or Talents

Veterinary	Clerical	Personal

In Case of Emergency Notify _____

I certify that the information submitted by me on this application is true and complete. False statements on this or other documents presented to this company are cause for termination of my employment.

I acknowledge that I have been informed that veterinary clinics use X-ray equipment and chemical substances that may cause injury to a fetus. I agree to notify the office manager immediately if I become pregnant and that company policy requires that I have a doctor's letter for continued employment. I also acknowledge that a Veterinary Clinic deals with animals that bite and scratch, and that it is likely that I may be injured in the pursuit of my duties. I will report any injury that I sustain while doing my job at Old Dominion Animal Clinic, to the office manager or vet immediately. Old Dominion Animal Clinic will provide medical treatment to all employees injured on the job through Patient First of Chester.

I also understand that I may be asked to submit to a background check and drug screening at any time. If I am hired, I understand that I am hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

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

Signature Date