

Employment Application

Programs, services and employment are available equally to everyone. Please inform the Customer Service Representative if you require reasonable accommodations to the applications or interview.

Date: _____

APPLICANT DATA:

How were you referred to us: _____ Position applied for: _____

Full Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile/Beeper/Other Phone: _____ Email Address: _____

Date available to start: _____ Salary Requirement: _____

Have you ever worked for this company? Yes No If yes when? _____

Type of employment desired: Full-time Part-Time Temporary Seasonal

Are you legally eligible for employment in the United States? Yes No

Have you ever worked under another name? Yes No

If yes, what name(s): _____

Have you ever been convicted of a crime? Yes No

If yes, where, when and what was the disposition of the case? _____

Answering yes to the previous question does not constitute an automatic rejection of employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken under consideration.

Are you at least 18 years of age? Yes No

EDUCATION:

High school: _____ Address: _____

of Years Completed: _____ Did you graduate: Yes No

College/University: _____ Address: _____

of Years Completed: _____ Did you graduate: Yes No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

Other: _____ Address: _____

of Years Completed: _____ Did you graduate: Yes No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with the most recent position):

Dates of employment: From: ___ / ___ / ___ To ___ / ___ / ___ Position(s) Held: _____
Firm: _____ Address: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of employment: From: ___ / ___ / ___ To ___ / ___ / ___ Position(s) Held: _____
Firm: _____ Address: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of employment: From: ___ / ___ / ___ To ___ / ___ / ___ Position(s) Held: _____
Firm: _____ Address: _____
Phone: _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____

May we contact this employer for reference? Yes No

REFERENCES:

Please furnish the names, addresses, and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Veterinary Specialty Center of Tucson is an Equal Opportunity Employer. Discrimination is prohibited on the basis of race, color, religion, national origin, citizenship, ancestry, sex, sexual orientation, gender identity, familial status, marital status, age, disability, special disabled veteran, recently separated veterans, other protected veteran, or Vietnam-era veteran status.

The Genetic Information Non-Discrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

In compliance with federal law, all persons will be required to verify identity and eligibility to work in the United States and to complete the required verification upon hire.

AGREEMENT:

I hereby certify that all information in my application is true and complete to the best of my knowledge. I understand that Veterinary Specialty Center of Tucson will perform a background investigation to make inquiries regarding my education, work experience, criminal history, and references to determine my suitability for employment. I authorize Veterinary Specialty Center of Tucson to secure any information necessary to make a decision. I understand that employment with Veterinary Specialty Center of Tucson is contingent upon satisfactory results of the background investigation. I understand that Veterinary Specialty Center of Tucson will adhere to the provisions of state and federal statutes concerning the securing of information, handling, utilization, and release of information obtained in the pre-employment investigation.

I hereby authorize employers, schools and individuals to provide information in response to inquiries from Veterinary Specialty Center of Tucson in connection with my application for employment.

I agree to abide by all applicable Veterinary Specialty Center of Tucson rules, regulations and policies upon my acceptance of employment.

False Statements: In applying for positions at Veterinary Specialty Center of Tucson, I understand that any false statement, misrepresentation, or omission of requested information will disqualify me for employment consideration or cause my subsequent dismissal.

Signature of Applicant: _____ Date: _____