



Tipp City
Veterinary Hospital
 and
Wellness Center
 ... professional care with a loving heart

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) applied for: _____ Date: _____

How did you learn about us?

Newspaper Advertisement
 AAHA / VIN Website
 Employee: _____
 Magazine Advertisement
 www.tippvet.com
 Friend: _____
 Employment Agency
 Walk-In
 Other: _____

PERSONAL

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ Social Security Number _____
(Area Code)

Email: _____

Are you legally entitled to work in the United States? Yes No

Are you 18 years old or older? Yes No

Have you ever been convicted of a felony in the last seven years? Yes No

If yes, please explain:

JOB INTERESTS/SKILLS

Have you applied for a position here before? Yes No If yes, when? _____

Type of employment requested: Full Time Part Time Seasonal Temporary

Availability: Mornings Evenings Weekends Holidays

Date you could begin working: _____ Salary/Wage Desired: _____

Summarize any other special skills or qualifications:

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

2. Name of Employer _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

3. Name of Employer _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GPA	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
OTHER EDUCATION					

FOREIGN LANGUAGE FLUENCY (IF APPLICABLE)

	Fluent	Good	Fair
Speak			
Read			
Write			

REFERENCES

<i>Name</i>	<i>Company / Organization</i>	<i>Title / Relationship</i>	<i>Daytime Phone</i>

ADDITIONAL INFORMATION (OPTIONAL)

State any additional information you feel may be helpful to us in considering your application:

ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired.

I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

I authorize the company to hire an agency to conduct a background check to verify the information I have provided.

I acknowledge that if hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I also understand that this means I am free to quit my employment at any time, for any reason, without notice. I understand that no representative of the company, other than Dr. James G. Mathias, has the authority to change the terms of an at-will employment and that any such change can occur only in a written employment contract

Applicant's Signature _____ Date _____