

Application for Employment
Trinity Pet Hospital

Position (s) Applied For _____ Date of Application _____

Name _____

Address _____

Telephone _____ Social Security Number _____

If offered a job, and you are under 18 years of age, can you furnish a work permit? Yes _____ No _____

Have you ever been employed with this company before? Yes _____ No _____

If yes, please give dates, state position held and reason for leaving: _____

Are you legally eligible for employment in this country? Yes _____ No _____
(Proof of U.S. citizenship or immigration status will be required upon employment)
Date available to start work _____

I am available to work Full-time _____ Part-time _____ Temporary _____

Have you ever been convicted of a felony? Yes _____ No _____
(A conviction may be relevant if job-related, but does not necessarily bar you from employment. Do not provide information on a marijuana-related conviction that is more than two years old, or on any matters that have been sealed and/or expunged.)

If yes: Conviction Date _____ Explanation: _____

EMPLOYMENT HISTORY

Start with the most recent, list your prior employers or work experience for the past 10 years. You may include military service and volunteer activities which are related to job experience.

From _____ To _____ Hourly Rate/Salary _____

Employer/Address/Phone _____

Job Title & Duties _____

Name/Title of Last Immediate Supervisor _____

Reason for Leaving _____

From _____ To _____ Hourly Rate/Salary _____

Employer/Address/Phone _____

Job Title & Duties _____

Name/Title of Last Immediate Supervisor _____

Reason for Leaving_____

From_____ To_____ Hourly Rate/Salary_____

Employer/Address/Phone_____

Job Duties & Title_____

Name/Title of Last Immediate Supervisor_____

Reason for Leaving_____

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment, membership in professional organizations or other experiences that may qualify you for work with Trinity Pet Hospital . Exclude those which indicates race, color, religion, sex, national origin, ancestry, age, physical or mental disability, medical conditions, sexual orientation or marital status.

EDUCATIONAL BACKGROUND

High School Name & Location_____ Year of Grad_____

College Name & Location_____ Major/Degree Obtained_____

REFERENCES

Name & Phone Number_____

Name & Phone Number_____

Name & Phone Number_____

I hereby certify that all of the foregoing information I have supplied in this application is correct and complete. I understand and agree Trinity Pet Hospital may verify the information provided and that any falsification of information will constitute grounds for immediate dismissal, whenever discovered. I give Trinity Pet Hospital permission to contact any or all of my previous employers and references for full information and hereby release Trinity Pet Hospital from all liability for doing so.

If employed, and in consideration of my employment, I agree to conform to the rules, procedures and policies of Trinity Pet Hospital. **I understand that if I am hired, my employment will be at-will. I may be transferred, reassigned, suspended or demoted, and my employment may be terminated, at any time, with or without notice or cause.** I further understand that no management representative of Trinity Pet Hospital , except the owners, Dr. Maged Kerolos or Manal Kerolos, has any authority to enter into any agreement contrary to that for at-will employment.

Signature of Applicant_____

Date_____