

# ALOHA ANIMAL HOSPITAL Employment Application

*An Equal Opportunity Employer*

<b>TYPE or PRINT in INK</b>	Please complete the application by typing or clearly printing in dark ink.
<b>JOB APPLIED FOR</b>	<b>SOCIAL SECURITY NUMBER:</b> - -
DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:

NAME AND ADDRESS			
NAME (LAST, FIRST, M.I.):		HOME TELEPHONE (include area code):	
MAILING ADDRESS:		WORK TELEPHONE (Provide only one including area code):	
CITY	STATE	ZIP CODE:	OTHER (include area code):
EMAIL ADDRESS:		<input type="checkbox"/> PAGER <input type="checkbox"/> CELL PHONE <input type="checkbox"/>	

<input type="checkbox"/> PRESENT EMPLOYER <input type="checkbox"/> LAST EMPLOYER (Check one):	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	CITY AND STATE:
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WORK SCHEDULE AVAILABILITY		
Check Only One: <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL	<input type="checkbox"/> EITHER	Check Only One: <input type="checkbox"/> FULL TIME <input type="checkbox"/> FULL OR PART TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> ANY
		Date You Can Report For Work:

EMPLOYEE HISTORY
The DEA requires us to ask these questions of every applicant.
Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing any criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence. <input type="checkbox"/> Yes <input type="checkbox"/> No
In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details. <input type="checkbox"/> Yes <input type="checkbox"/> No
Details:

EDUCATION / TRAINING HISTORY					
List colleges, military, trade, business or other schools attended.					
Do you have a high school diploma or a GED certificate? (Check one)				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name and Location Of School, College, or University	Course of Study (List Major)	Credits Earned	Did You Graduate? (Yes / No)	Degree or Certificate Received	
A					
B					
C					

LICENSE / REGISTRATION / CERTIFICATE			
List any <b>required</b> professional license, registration, certificate, Commercial Driver's License (CDL), etc.			
Description	State	Number	Expiration

### SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

### WORK HISTORY

#### JOB NUMBER 1 (current or most recent position)

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
TOTAL TIME IN CURRENT OR LAST POSITION:		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
HOURS WORKED PER WEEK (Average)		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above

If you checked any of these boxes, list the number of employees and their job titles:

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

#### JOB NUMBER 2

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
TOTAL TIME IN POSITION:		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
HOURS WORKED PER WEEK (Average)		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above

If you checked any of these boxes, list the number of employees and their job titles:

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

JOB NUMBER 3		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE		<input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		
Reason for leaving this position:		

**WORK HISTORY**

JOB NUMBER 4		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above If you checked any of these boxes, list the number of employees and their job titles:
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		
Reason for leaving this position:		

CERTIFICATION AND SIGNATURE	
<p>I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.</p> <ul style="list-style-type: none"> <li>♦ I certify that all statements contained herein are true and complete.</li> <li>♦ I understand that if hired, I must prove that I am legally authorized to work in the United States.</li> <li>♦ I authorize the <b>Aloha Animal Hospital</b> to check employment references and verify education information provided on this employment application and as disclosed in the interview process.</li> <li>♦ I authorize the <b>Aloha Animal Hospital</b> to check my driving record if the position for which I am applying requires driving.</li> <li>♦ I authorize the <b>Aloha Animal Hospital</b> to run a credit history check and criminal history background check as a condition of employment.</li> <li>♦ I release the Clinic Name and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.</li> </ul>	
PRINT FULL NAME	DATE:
APPLICANT'S SIGNATURE	

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE **CLINIC NAME**