



EMPLOYMENT APPLICATION

Please fill out the form completely and clearly print all information here except signature. Applicants may be tested for illegal drugs. We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap, disability, sexual orientation, national origin, or any other characteristic protected by applicable federal, state, or local law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by federal, state or local laws. It is Gibson Veterinary Clinic's ("GVC") policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as provided under the Americans with Disabilities Act or other applicable laws.

Date _____

Your Name _____
Last First Middle

SSN _____ Email Address _____

Have you ever been employed or enrolled in school under a name other than that used on this application? If so please specify.

Present Address: _____
Street Address

City State Zip

Permanent Address: _____
Street Address

City State Zip

Home Phone _____ Are you 18 years of age or older? yes no

Cell Phone _____ Are you 16 years of age or older? yes no

How did you hear about us? _____

What position are you applying for? _____

Employment Desired full-time only part-time only full or part-time relief seasonal

For part-time or relief, please indicate hours per week (or month) desired. _____ per week/month (circle one)

For summer/seasonal, please indicate the date range of your availability. _____

Are you able to perform the essential functions for which you are applying with or without accommodation? yes no

When can you start? _____ Salary desired? _____

Are you employed now? yes no May we contact your present employer? yes no

Have you ever applied with GVC before? yes no Are you able to work overtime? yes no

Are you legally eligible for employment in the USA? yes no All new hires will be required to provide proof of eligibility to work in the USA.

Have you ever pled "guilty" or "no contest" to or been convicted of a felony? Yes no

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Have you been convicted of a misdemeanor in the last seven years? yes no

If yes to either, please explain. _____

If necessary for the job, are you able to provide a valid driver's license? Yes no

When are you able to work? Sun Mon Tues Wed Thurs Fri Sat

Please specify hours on each day. _____

We are open M-F 8am-5pm, Sat 8am-12pm

Professional Licenses, Certifications or Registrations: _____

Additional skills including but not limited to computer, math, typing, supervisory, language, or any other information regarding the career you wish to bring to our attention. Please list veterinary software you have used. _____

EDUCATION

High School:	Address:	Diploma: <div style="text-align: right;">Yes no</div>
College/University Name:	Address:	Degree Received:
Other (Graduate, Technical):	Address:	Degree Received:

REFERENCES

Please list 3 professional references that you have known for at least 1 year. Do not include relatives.

Name: _____	Address: _____	Phone: _____
Company: _____	Position: _____	Years Known: Email: _____
Name: _____	Address: _____	Phone: _____
Company: _____	Position: _____	Years Known: Email: _____
Name: _____	Address: _____	Phone: _____
Company: _____	Position: _____	Years Known: Email: _____

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Employment History List your employers, starting with your most recent one first. Please include any non-paid/volunteer experience which is related to the job for which you are applying. Be sure all your experience or employers related to this job are listed here or use an extra paper if necessary.

Please complete even if you attach a resume.

Name of Employer:	Address:	May we contact for a reference? Yes No Later
Start Date:	Job Title:	Supervisor's Name & Title:
End Date:	Phone Number:	
Reason for Leaving:	Starting Salary	Final Salary
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

Name of Employer:	Address:	May we contact for a reference? Yes No Later
Start Date:	Job Title:	Supervisor's Name & Title:
End Date:	Phone Number:	
Reason for Leaving:	Starting Salary	Final Salary
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

Name of Employer:	Address:	May we contact for a reference? Yes No Later
Start Date:	Job Title:	Supervisor's Name & Title:
End Date:	Phone Number:	
Reason for Leaving:	Starting Salary	Final Salary
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

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Name of Employer:	Address:	May we contact for a reference?
		Yes No Later
Start Date:	Job Title:	Supervisor's Name & Title:
End Date:	Phone Number:	
Reason for Leaving:	Starting Salary	Final Salary
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

Why do you want to work for Gibson Veterinary Clinic? _____

Describe a specific situation where you have provided excellent customer service in your most recent position. Why was this effective?

Did you complete this application yourself? yes no If not, who did? _____

If we do not currently have a position open to fit your skills and experience, can we share your application and resume with another local veterinary hospital? yes no

I hereby certify that the information contained on this application, or any other information I submit to GVC in connection with my application for employment, is true and correct to the best of my knowledge and agree to have any such statements or information checked by GVC. I authorize GVC to make a thorough investigation of my references, past employment, education, criminal background, and to secure additional job-related information about me. I also authorize the references listed above, as well as all other individuals whom GVC contacts, to provide GVC with any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to GVC as well as from any use or disclosure of such information by GVC or any of its agents, employees or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application, or any other information I submit to GVC in connection with my application for employment, may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment. I understand that filling out this form does not indicate that there is a position open and does not obligate GVC to hire me.

I understand that if I am hired by GVC, my employment will be "at-will" and, just as I will be free to resign at any time, the Company reserves the right to terminate my employment at anytime, with or without cause and without prior notice. I understand that no employee or representative of GVC has any authority to enter into a contract of employment, express or implied, that changes or modifies in any way such employment at-will.

Signature _____ Date _____

Please drop this application off at the clinic or mail it to the address below