

# APPLICATION FOR EMPLOYMENT



Clarke'sville Veterinary Hospital  
6637 Hwy 115  
Clarke'sville, GA 30523  
PH: 706-839-7387 (PETS)  
FAX: 706-839-7391

## PERSONAL INFORMATION

Date: \_\_\_\_\_  
Drivers License# \_\_\_\_\_  
Social Security# \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (M) \_\_\_\_\_ (First) \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number Street City/State Zip code

How long have you lived at this address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: (optional) \_\_\_\_\_

1. I CERTIFY THAT I AM AT LEAST 18 YEARS OLD ( ) YES ( ) NO
2. I CERTIFY THAT I AM A U.S. CITIZEN ( ) YES ( ) NO
3. I CERTIFY THAT I AM LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES ( ) YES ( ) NO
4. POSITION APPLYING FOR: \_\_\_\_\_
5. EXPECTED RATE OF PAY: \_\_\_\_\_
6. ARE YOU ABLE TO WORK : ( ) FULL TIME ( ) PART TIME ( ) WILL WORK EITHER

\*\*\*\* OTHER THAN ENGLISH, DO YOU FLUENTLY SPEAK ANY OTHER LANGUAGE?  
( ) YES ( ) NO IF YES, WHAT LANGUAGE \_\_\_\_\_

7. ARE YOU AVAILABLE TO WORK HOLIDAYS ( ) YES ( ) NO
8. ARE YOU AVAILABLE TO WORK OVERNIGHTS? ( ) YES ( ) NO  
-IF YES, LIST THE DAYS YOU CAN WORK OVERNIGHTS BELOW

## LIST HOURS OF AVAILBLITY

MONDAY: \_\_\_\_\_ FRIDAY: \_\_\_\_\_  
TUESDAY: \_\_\_\_\_ SATURDAY: \_\_\_\_\_  
WEDNESDAY: \_\_\_\_\_ SUNDAY: \_\_\_\_\_  
THURSDAY: \_\_\_\_\_

8. HOW SOON COULD YOU BEGIN EMPLOYMENT: \_\_\_\_\_
9. DO YOU HAVE RELIABLE TRANSPORTATION ( ) YES ( ) NO
10. WHAT SKILLS AND/OR SPECIAL TALENTS DO YOU HAVE WHICH WOULD QUALIFY YOU TO WORK WITH US? \_\_\_\_\_

11. THIS POSTION MAY REQUIRE HEAVY LIFTING OF VARIOUS WEIGHTS. DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM LIFTING 45LBS (FEMALE) OR 65LBS (MALE) ( ) YES ( ) NO IF YES EXPLAIN: \_\_\_\_\_
12. ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR ,WITH OR WITHOUT REASONABLE ACCOMMODATIONS? ( ) YES ( ) NO IF NO PLEASE EXPLAIN: \_\_\_\_\_
13. DO YOU HAVE A CURRENT GEORGIA DRIVERS LICENSE? ( ) YES ( ) NO IF NO PLEASE EXPLAIN: \_\_\_\_\_
14. HAVE YOU EVER BEEN CONVICTED OF A CRIME?\* ( ) YES ( ) NO IF YES PLEASE EXPLAIN: \_\_\_\_\_ LIST DATES: \_\_\_\_\_

\*ALL CONVICTIONS FOR ANY LAW VIOLATION(IE DUI, SHOPLIFTING, MINOR IN POSSESSION,RECKLESS DRIVING, ETC) OTHER THAN A MINOR TRAFFIC VIOLATION (PARKING TICKET, SPEEDING TICKET) INCLUDING CONVICTIONS THAT HAVE BEEN "SET ASIDE" "PROBATIONED" OR "PARDONED" MUST BE LISTED ON THE APPLICATION FORM OR ON AN ATTACHED SHEET. CONDERATION IS GIVING TO THE OFFENSE AND ITS RELATIONSHIP TO THE POSITION FOR WHICH YOU ARE APPLYING. FAILURE TO LIST CONVICTIONS ON THIS FORM WILL BE CONSIDERED FALSIFICATION OF YOUR APPLICATION AND WILL RESULT IN AUTOMATIC REJECTION OF YOUR APPLICATION (LMC.2.76.23061)

15. DATE OF LAST TETANUS VACCINE: \_\_\_\_\_  
**PLEASE NOTE: \*\*WRITTEN PROOF OF THIS VACCINE IS REQUIRED PRIOR TO EMPLOYMENT\*\***

### **EDUCATION HISTORY**

1. NAME OF HIGH SCHOOL: \_\_\_\_\_ DATE/YEAR OF GRADUATION: \_\_\_\_\_
2. COLLEGE ATTENDED: \_\_\_\_\_
3. SUBJECT OF SPECIAL STUDIES/DEGREES EARNED: \_\_\_\_\_

### **WORK EXPERIENCE HISTORY**

1. ARE YOU CURRENTLY EMPLOYED? ( ) YES ( ) NO
2. MAY WE CONTACT YOUR EMPLOYER? ( ) YES ( ) NO \_\_\_\_\_
3. NAME AND ADDRESS OF FORMER EMPLOYERS (BEGIN WITH MOST RECENT)

**BUSINESS NAME & ADDRESS :** \_\_\_\_\_

\_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_  
**POSITION HELD:** \_\_\_\_\_ **DATES OF EMPLOYMENT:** \_\_\_\_\_  
**PAY AT START:** \_\_\_\_\_ **PAY AT END:** \_\_\_\_\_  
**REASON FOR LEAVING:** \_\_\_\_\_

**BUSINESS NAME & ADDRESS :** \_\_\_\_\_

\_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_  
**POSITION HELD:** \_\_\_\_\_ **DATES OF EMPLOYMENT:** \_\_\_\_\_  
**PAY AT START:** \_\_\_\_\_ **PAY AT END:** \_\_\_\_\_  
**REASON FOR LEAVING:** \_\_\_\_\_

**BUSINESS NAME & ADDRESS :** \_\_\_\_\_

\_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_  
**POSITION HELD:** \_\_\_\_\_ **DATES OF EMPLOYMENT:** \_\_\_\_\_  
**PAY AT START:** \_\_\_\_\_ **PAY AT END:** \_\_\_\_\_  
**REASON FOR LEAVING:** \_\_\_\_\_

**WORK REFERENCES**

LIST THOSE PERSONS WILLING TO PROVIDE WORK REFERENCES (OTHER THAN RELATIVES):

- 1. \_\_\_\_\_ PHONE: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_
- 2. \_\_\_\_\_ PHONE: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_
- 3. \_\_\_\_\_ PHONE: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

\*\*\* APPLICANTS SIGNATURE GIVES CORNELIA/CLARKESVILLE VETERINARY HOSPITALS PERMISSION TO CONTACT ABOVE REFERENCES. IT ALSO GIVES PERMISSION FOR CORNELIA/CLARKESVILLE VETERINARY HOSPITAL TO CONTACT THE PERSON I LISTED IN CASE OF EMERGENCY\*\*\*\*

PRINT: \_\_\_\_\_

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTICE PLEASE READ CAREFULLY AND SIGN BELOW:**

\*\*\* I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL, FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME.\*\*\*\*

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME HERE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

**CLARKESVILLE VETERINARY HOSPITAL  
IS A DRUG FREE WORKPLACE**