

EMPLOYMENT APPLICATION

Town & Country Animal Hospital

13475 SW 136 St - Miami, Florida 33186

Phone: (305) 238-2222 Email: employment@tcavets.com

DATE _____

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical conditions or handicap, or any other legally protected status.

A Smoke-free and Drug-free Workplace

Our facility and our staff values the health of its members and patients, therefore we have elected to have a smoke-free environment to work in. There is no smoking allowed **anywhere** on the premises of Town & Country Animal Hospital. This includes, but is not limited to, restrooms, parking lots, pet walking areas, etc.

Drug testing will be done on all applicants as well as random screens during your employment with our company. As part of our selection process, a third party investigative inquiry will be made at a later date. This investigative report will verify information you supply in this application, such as education, employment, criminal, and motor vehicle records. While the information provided may not preclude you from being employed, any willful misrepresentation will.

Name (First,Middle,Last) _____

Address _____ City _____ State _____ Zip _____

Telephone(s) (____) _____ Email _____

How long have you been at the present address? _____ years _____ months _____

Social Security Number # _____

Driver's License # _____ Date of Birth? _____

Are you related to any current employee of Town & Country Animal Hospital? _____

Have you ever filed an application or worked for us previously? _____

If Yes, when did work or apply with us? _____

Did any employee of our company refer you? ____ If yes, who? _____

Have you ever been arrested or **convicted** of a crime, abused alcohol, prescription or controlled substances? _____ If yes, please explain on the reverse side of this application.

Do you have any physical condition that may limit your ability to perform the particular job for which you are applying? _____ If yes, on reverse side of this application, describe such condition and explain how you can perform the job for which you are applying in spite of it.

POSITION & HOURS

Position applying for _____ Would you accept another position? _____

Date available for employment? _____

Amount of hours available to work? _____ Rate of pay expected per hour? _____

| | | |
|-----------------------------------|-------|-------|
| Are you willing and able to work: | YES | NO |
| Over 40 hours per week? | _____ | _____ |
| Irregular shifts? | _____ | _____ |
| Nights? (until 11pm) | _____ | _____ |
| Saturdays and/or Sundays? | _____ | _____ |
| Holidays? | _____ | _____ |

Schedule comments: _____

If employed, you will be required to work those hours necessary to support clients and patients of Town & Country Animal Hospital. In the future, it will be necessary to staff our hospital seven days per week and extended hours of operation are planned. Your schedule could be four days per week and Saturday or Sunday. Your schedule may be six hours per day, six days per week or ten hours per day four days per week or some other combination that fulfills our commitment to our patients and clients. Early morning or evening hours might be required and employees will be expected to make a commitment to our clients and pets and adjust their personal schedules accordingly.

As a prospective employee, do you agree to accommodate future schedule changes? _____

Would you be able to devote full-time to a veterinary health services career? _____

If not, in what other business activity would you engage in and what percentage of time would you devote to the other activity? _____ %

EDUCATION HISTORY

| | School Name City,State | Dates Attended | | Years Completed | Did you Graduate? | Degree Major |
|-----------------------|---------------------------|----------------|----|--------------------|----------------------|-----------------|
| | | From | To | | | |
| Prep or High School | | | | 1 2 3 4 | Yes ___ No ___ | |
| College or University | | | | 1 2 3 4 | Yes ___ No ___ | |
| Trade School | | | | | Yes ___ No ___ | |
| Other School | | | | | Yes ___ No ___ | |

Describe any specialized training, apprenticeship, skills and extra-curricular activities that will be useful to this position. _____

EMPLOYMENT EXPERIENCE:

Begin with your present or last job. Account for all employment, including any military service assignments for last five years. EXPLAIN ANY EMPLOYMENT GAPS. Attach an additional sheet if necessary. For proper evaluation, it is essential that employment history is filled in. "See Resume" is not an acceptable response, however, a resume may be attached to the application.

| Name of Employer City & State (Nature of Business) | Immediate Supervisor Phone # | Job Title | Dates Employed | Earnings Rate | Reason for leaving |
|--|------------------------------------|-----------|--------------------------------|--|-----------------------|
| | | | From _/_/_/ To _/_/_/ | Beginning Hourly Rate \$ _____ Ending Hourly Rate \$ _____ | |
| | | | From _/_/_/ To _/_/_/ | Beginning Hourly Rate \$ _____ Ending Hourly Rate \$ _____ | |
| | | | From _/_/_/ To _/_/_/ | Beginning Hourly Rate \$ _____ Ending Hourly Rate \$ _____ | |
| | | | From _/_/_/ To _/_/_/ | Beginning Hourly Rate \$ _____ Ending Hourly Rate \$ _____ | |
| | | | From _/_/_/ To _/_/_/ | Beginning Hourly Rate \$ _____ Ending Hourly Rate \$ _____ | |

Do you fluently speak any languages other than English? _____

List any business, social, community and college activities for the past three years.
(You do not have to include any racial, religious or nationality groups.)

* Is it satisfactory to contact present employer? Yes _____ No _____

REFERENCES

Work References List 3 people **familiar with your job performance** whom we may contact.

| NAME | EMAIL | PHONE | OCCUPATION |
|------|-------|-------|------------|
| | | | |
| | | | |
| | | | |

Personal References List 2 people who know you well (not relatives or former employers) whom we may contact.

| NAME | EMAIL | PHONE | RELATION |
|------|-------|-------|----------|
| | | | |
| | | | |
| | | | |

Applicant Comments:

Please write a paragraph of approximately 100 words, describing, what your career objectives are, what your short-term and long-term goals are and what you expect working in animal hospital is like.

Please indicate what training or experience you have had that will help you reach those objectives and/or that will help you in your position at the animal hospital.

APPLICANT STATEMENT:

Federal and state laws require us to notify you that as a part of your application for employment, we may request an investigative report.

I authorize Town & Country Animal Hospital to obtain a third party investigative report in conjunction with my application for employment at this animal hospital. This inquiry may include information concerning my character, general reputation and personal characteristics that may be obtained through personal interview with friends, neighbors and references. This report will also verify information I supply in this application, such as, education, employment, criminal and motor vehicle records.

Upon your written request, we will furnish you within 5 business days the name, address and telephone number of the reporting agency. You may then, if you wish, obtain a copy of any such report by contacting the reporting agency directly.

I authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I understand and consent to persons or organizations listed by me in this application will be contacted to assist in the evaluation process. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this request.

I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired.

I understand that there is no express or implied contract of employment and that if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of the termination.

I, also, understand that if hired, I am required to abide by all rules and regulations of the employer. I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck(s), all monies due and owing to the company.

I, certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire.

Date

Applicant's Signature

Printed Name