

# Lake City Animal Health & Wellness Center

974 E. 300 N., Warsaw, IN 46582

574-267-8511

## APPLICATION FOR EMPLOYMENT – AN EQUAL OPPORTUNITY EMPLOYER

Lake City Animal Clinic is an Equal Opportunity and At-Will employer. Applicants are considered for positions without discrimination on the basis of race, color, creed, religion, national origin, gender, age, disability, veteran status, citizenship status or any other characteristic protected by federal, state, or local law.

### SECTION I – PERSONAL INFORMATION: (Please make all answers complete and accurate.)

Date of Application: \_\_\_/\_\_\_/\_\_\_\_ Email Address (Optional): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Other Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Specific position you are applying for: \_\_\_\_\_ Date Available: \_\_\_\_\_

Schedule Desired:  Full-Time  Part-Time  Temporary/Seasonal

Day  Night  Swing  Evenings  Weekends

What are your minimum wage/salary requirements? \_\_\_\_\_ Currently on layoff or recall?  Yes  No

Do you have any relatives or friends currently employed by the Company?  Yes  No

Name(s): \_\_\_\_\_ Relationship(s): \_\_\_\_\_

How were you referred for employment? \_\_\_\_\_

Have you previously been employed by our company?  Yes  No

Have you signed any non-competition agreements or do you have other obligations to a previous or current employer that restrict your ability to work for the Company?  Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been bonded?  Yes  No Has bond ever been refused or cancelled?  Yes  No

### SECTION II – EMPLOYMENT INFORMATION:

Are you at least 18 years of age?  Yes  No

If hired, can you present proof of your identity and legal right to work in the United States?  Yes  No

Have you been convicted of a crime?

**Note: Conviction of a crime may not disqualify you from employment. Factors such as how long ago the conviction occurred, seriousness or nature of the violation, rehabilitation, and duties of the position you are applying for will be considered when making employment decisions. Do not include convictions that have been annulled, erased, expunged, vacated, set aside, sealed by a court, statutorily eradicated, impounded, pardoned, or referred to a diversion program.**

Yes  No If yes, please explain: \_\_\_\_\_

**SECTION III - EDUCATIONAL BACKGROUND, MILITARY SERVICE, & ADDITIONAL INFORMATION:**

EDUCATION	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	# OF YEARS ATTENDED				DID YOU GRADUATE? YES OR NO	LIST DEGREE/DIPLOMA RECEIVED
			1	2	3	4		
High School								
College								
Graduate								
Technical, Business, or Vocational School								

Answers to questions about Military Service are optional:

Have you served in the U.S. Military?  Yes  No

Did your military service provide you with skills or training that will help you perform the position the position for which you are applying?  Yes  No If yes, please explain: \_\_\_\_\_

If you have any additional educational, vocational, and/or professional information, such as special areas of research or study, training, seminars, etc., please describe: \_\_\_\_\_

List your familiarity with software or computer programs: \_\_\_\_\_

**SECTION IV - EMPLOYMENT DATA (Starting with your most recent employer first, please list employment history):**

Current/Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Reason for leaving: \_\_\_\_\_

Salary/Wages: Starting: \$\_\_\_\_\_ Ending: \$\_\_\_\_\_ Business Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact your current employer? ?  Yes  No



**SECTION VI - ACKNOWLEDGEMENT & SIGNATURE:**

I certify that all the information that I submitted on this application is true and complete. I understand that any false information or omissions will lead to the rejection of my application or, if I am employed, discipline up to and including termination of employment at the time such false information or omissions are discovered. Initial \_\_\_\_\_

I authorize the investigation of all statements contained in this application. I authorize the Company to secure information about my background and experience with former employers, references, schools, and any relevant agencies, and authorize those persons or entities to provide information to the Company concerning my background, credentials, and experience. I release the Company, and all persons and entities providing information to the Company about my background and experience, from any liability whatsoever arising there from. Initial \_\_\_\_\_

I understand that if the Company extends me an offer of employment, my employment may be contingent upon satisfactory completion of a medical examination, including a drug test, and submission of proof that I have the credentials necessary for the position that I am offered. Initial \_\_\_\_\_

I understand that if I am employed, my employment with the Company may be terminated for any reason, with or without notice or cause, and at any time, by me or the Company. This application is not a contract of employment. Nothing in this application or in any oral or written statement provided to me by the Company will limit the Company's right to terminate my employment at will. No one has any authority to change this at-will employment relationship, unless such a change is 1) in writing and 2) signed by the Owner of the Company. No one other than the Company Owner has authority to change the at-will employment relationship. Initial \_\_\_\_\_

I agree to comply with the policies, rules, and procedures of the Company. I understand that the Company reserves the right to change, modify, or eliminate policies, rules, and procedures at any time with or without notice. Initial \_\_\_\_\_

I understand this application is only valid for the position applied for at present and that Company is not obligated to retain or consider this application for future openings. Initial \_\_\_\_\_

I understand that the Company may reject my application if it deems the application incomplete or non-responsive and if rejected, I will not be considered for the position for which I am applying. Initial \_\_\_\_\_

I certify that I am not under any obligation, restriction or limitation with a previous employer or other person or entity that would prevent me from fully performing the duties of the position that I am applying for with the Company.

Applicant Signature \_\_\_\_\_ Date of Application: \_\_\_\_\_

\*This application will only be considered for twelve months. If you have not been hired within twelve months of completing this application and you wish to continue to be considered for employment, you must complete another application.