

# Animal Hospital of Waynesboro

## Employment Application

### An Equal Opportunity Employer

The Animal Hospital of Waynesboro is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

### Applicant Information

Applicant Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Other \_\_\_\_\_

Email Address \_\_\_\_\_

Current Address:

Number & Street \_\_\_\_\_

City \_\_\_\_\_

State & Zip \_\_\_\_\_

How were you referred to the Animal Hospital? \_\_\_\_\_

### Employment Position

Position(s) applying for: \_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

If hired, on what date can you start working? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Can you work on the weekends?  Y or  N

How many hours per week are you seeking? \_\_\_\_\_

Pay rate desired: \$ \_\_\_\_\_

### Personal Information

Have you ever applied to / worked for Animal Hospital of Waynesboro before?

Y or  N If yes, please explain (include date): \_\_\_\_\_

If hired, would you have transportation to/from work?  Y or  N

Are you over the age of 18?  Y or  N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  Y or  N

If hired, are you willing to submit to and pass a controlled substance test?  Y or  N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation?  Y or  N

If no, describe the functions that cannot be performed

---

---

*(Note: Animal Hospital of Waynesboro complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

Y or  N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

---

---

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

## Education, Training and Experience

### High School:

School name: \_\_\_\_\_

School city, state: \_\_\_\_\_

Did you graduate?  Y or  N: \_\_\_\_\_

### College / University:

School name: \_\_\_\_\_

School city, state: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Y or  N

Degree / diploma earned: \_\_\_\_\_

### College / University:

School name: \_\_\_\_\_

School city, state: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Y or  N

Degree / diploma earned: \_\_\_\_\_

### Military:

Branch: \_\_\_\_\_

Rank in Military: \_\_\_\_\_

Total Years of Service: \_\_\_\_\_

Skills/duties: \_\_\_\_\_

## Additional Information

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?  Y or  N

If yes, please explain:

---

---

## Employment History

Are you currently employed? [ ] Y or [ ] N

If you are currently employed, may we contact your current employer? [ ] Y or [ ] N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

**Name of Employer:** \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

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

City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N

**Name of Employer:** \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

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

City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N

**Name of Employer:** \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

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

City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N

## References

List below two persons who have **direct knowledge of your work performance** within the last five years. Please include professional references only.

Name - First, Last: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Occupation & Relationship to You: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

Name - First, Last: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Occupation & Relationship to You: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

### **Please Read & Initial Each Paragraph, then Sign Below**

\_\_\_\_\_ I certify that I have not purposely withheld any information that might adversely affect my chances of being hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by the Animal Hospital of Waynesboro, terms for my immediate expulsion from the Animal of Waynesboro.

\_\_\_\_\_ I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the Animal Hospital of Waynesboro (or as set forth in an employment contract if applicable).

\_\_\_\_\_ I permit the Animal Hospital of Waynesboro to perform a background check (additional authorization required), including examining my references, record of employment, education record, criminal record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the Animal Hospital of Waynesboro, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands, or liabilities arising out of or in any way related to such examination or revelation.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Email completed applications to [info@ahwvet.com](mailto:info@ahwvet.com), fax to 540-949-7771, or drop off at 2637 W Main St, Waynesboro, VA 22980.