

Companion Animal Hospital of Traverse City

Employment Application

An Equal Opportunity Employer

A person with a disability or handicap requiring accommodation for completing the application process should notify the practice manager as soon as possible.

Filing this application does not imply that the applicant will be employed, but rather only that the applicant will be considered in competition with other applicants.

Companion Animal Hospital Of Traverse City, PLC (hereafter "Company") is an Equal Opportunity Employer. It is the Company's policy to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability, or veteran status. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

PERSONAL INFORMATION

Form with fields for Date of Application, Name, Social Security Number, Present Address, Home Telephone, Business Telephone, Position Desired, Salary/Hourly Rate Desired, and Date Available.

1. Are you at least 18 years old? [] Yes [] No

2. Work Permit No. _____ (if under 18)

3. Have you ever been convicted of a crime (including misdemeanors)? [] Yes [] No

Are there any felony charges pending against you? [] Yes [] No

(A "Yes" answer to either question will not automatically disqualify you).

Explain: _____

4. Have you previously been employed by the Company? [] Yes [] No

If yes, when: _____

Under what name: _____

5. Have you submitted an application to the Company before? [] Yes [] No

If yes, when: _____

Under what name: _____

6. List any/all relatives currently employed at the Company. _____

Complete the following only if the position requires a driver's license:

Driver's License Number: _____

Has your driver's license ever been revoked, suspended or restricted? [] Yes [] No

If yes, for what reason and for how long? _____

List any moving violations during the last three (3) years: _____

EDUCATIONAL HISTORY

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School: _____

GED: _____ State: _____

<u>Schools (include trade schools) attended other than high school</u>	<u>Location (City and State)</u>	<u>Course or Major Studied</u>	<u>Dates Attended</u>	<u>Degree</u>

EMPLOYMENT HISTORY

List below, beginning with the most recent, all present and past employment (use a separate sheet of paper if necessary).

Company Name	Company Address	Phone Number
Position Held/Job Title	Dates of Employment	
Name and Title of Immediate Supervisor		
Reason for Leaving	Hourly Wage/Salary	
Brief Description of Duties		

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In case of emergency, contact:

Name

Address

Telephone

I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this Application or during the pre-hire process, will be reason for (1) my not being offered employment, or (2) dismissal at any time from the service of Companion Animal Hospital Of Traverse City, PLC, if employed.

I understand that consideration for employment at Companion Animal Hospital Of Traverse City, PLC, is conditional upon a review of my qualifications, work history, references, etc. I authorize Companion Animal Hospital Of Traverse City, PLC to request and obtain verification that the information given by me on this Application is true, accurate and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, investigation of criminal history, etc. I therefore authorize my current and all previous employers to cooperate with Companion Animal Hospital Of Traverse City, PLC and to release, on a confidential basis, any information they may have concerning me, including information in my personnel record or otherwise known to them, to Companion Animal Hospital Of Traverse City, PLC in connection with my application for employment with Companion Animal Hospital Of Traverse City, PLC. I specifically release from liability any current or former employer(s), its agents, representatives, employees, officers, directors, etc., for or on account of their providing/disclosing such information to Companion Animal Hospital Of Traverse City, PLC.

I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Company, with or without cause, and with or without any previous notice. I also understand and agree that the Company has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not prohibited by law. I acknowledge that no Company employee nor representative, other than Dr. Izo or Terry Seymour, have either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and is signed by the President. I understand that any prior representations, promises, contracts or statements made by or on behalf of the Company are expressly superseded by the foregoing.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by Companion Animal Hospital Of Traverse City, PLC I will timely furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

Dated: _____

Signature

(Applicant's name – printed)