

BURKE ANIMAL CLINIC

APPLICATION FOR EMPLOYMENT

Burke Animal Clinic complies with the law regarding reasonable accommodation for disabled employees. Applicants requiring reasonable accommodation in order to participate in the interview process are requested to contact management to arrange such accommodations. We are an equal opportunity employer and always employ qualified individuals based upon job related qualifications regardless of race, religion, color, sex, national origin, age, disability or any other classification prescribed under applicable state, federal or local law.

PLEASE PRINT (If hired, this application becomes a part of your permanent record.)
DATE OF APPLICATION _____

PERSONAL INFORMATION

NAME _____
Last First Middle

PRESENT ADDRESS _____

TELEPHONE (___) _____ SOCIAL SECURITY NUMBER _____

EMAIL: _____

REFERRAL SOURCE: Advertisement Friend Relative Walk/Call-In
Please specify: _____

EMPLOYMENT DESIRED

POSITION _____ DATE AVAILABLE _____ SALARY DESIRED _____

ARE YOU AVAILABLE TO WORK: Full Time Part-Time Temporary/Project

IF OFFERED A POSITION, ARE YOU ABLE TO PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS THAT HAS NOT BEEN EXPUNGED OR SEALED BY A COURT ? YES NO
(Conviction will not necessarily disqualify applicant from employment.)

IF YES, PLEASE EXPLAIN _____

IF EMPLOYED AND YOU ARE UNDER 18, CAN YOU PROVIDE A WORK PERMIT? YES NO N/A

EDUCATION

	HIGH SCHOOL	UNDERGRADUATE	GRADUATE
SCHOOL NAME AND LOCATION			
YEARS COMPLETED	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE			
COURSE OF STUDY			
SPECIALIZED SKILLS			
HONORS RECEIVED			

EMPLOYMENT HISTORY

(Start with your present or last job. Include job-related assignments and volunteer work)

1. EMPLOYER	DATES EMPLOYED	WORK PERFORMED
ADDRESS	RATE/SALARY (starting - final)	
TELEPHONE NUMBER		
JOB TITLE	SUPERVISOR	
REASON FOR LEAVING		
2. EMPLOYER	DATES EMPLOYED	WORK PERFORMED
ADDRESS	RATE/SALARY (starting - final)	
TELEPHONE NUMBER		
JOB TITLE	SUPERVISOR	
REASON FOR LEAVING		
3. EMPLOYER	DATES EMPLOYED	WORK PERFORMED
ADDRESS	RATE/SALARY (starting - final)	
TELEPHONE NUMBER		
JOB TITLE	SUPERVISOR	
REASON FOR LEAVING		

MAY WE CONTACT EACH EMPLOYER LISTED? _____

REFERENCES

GIVE NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE REFERENCES NOT RELATED TO YOU

1. _____
2. _____
3. _____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize Burke Animal Clinic to make such investigations and inquires of the information provided herein, and other matters related hereto, as may be necessary. I hereby release employers, schools and other persons, institutions or businesses from all liability in responding to inquiries in connection with my application. I understand that false or misleading information given in my application or during interviews may result in a refusal to hire, or discharge in the event of employment. I understand that I shall be required to provide documentation establishing my legal authorization for employment prior to commencing work. I understand that if employed, employment will be at will and that I will not have a contract for employment nor a guarantee of employment. The employer is an Equal Opportunity Employer, and shall treat all employees and applicants for employment equally and fairly based upon job related qualifications and in accordance with all applicable local, state and federal laws.

Signature of Applicant

Date