

**APPLICATION FOR EMPLOYMENT***An Equal Opportunity Employer*

Rev. 12/01/12

As a condition of employment consideration, every section of this application must be fully completed.  
Resumes, while welcome, may not be submitted in lieu of entirely completing this application. Please print clearly.

**DATE:** \_\_\_\_\_**APPLICANT DATA**

LAST NAME	FIRST NAME	MIDDLE NAME	NICK NAME
RESIDENCE ADDRESS (Include Address/Apt/Unit #)		CITY	STATE, ZIP
DAYTIME PHONE	EVENING PHONE	MOBILE PHONE	E-MAIL ADDRESS

1. Are You At Least 18 Years of Age? YES ☐ NO ☐
2. If Hired, Can You Provide Proof Of Your Legal Right To Work In The United States Within 72 Hours Of Your Start Date? YES ☐ NO ☐
3. If Hired, Would You Have Reliable Means Of Transportation To And From Work? YES ☐ NO ☐
4. How Did You Hear About The Open Position At Coastal Animal Hospital? \_\_\_\_\_

Coastal Animal Hospital complies with the Americans with Disabilities Act (ADA) and considers reasonable accommodation measures that may be necessary for eligible applicants and/or employees to perform essential position functions

**EMPLOYMENT INTERESTS**

POSITION DESIRED	1 <sup>st</sup> DATE AVAILABLE FOR WORK	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
TYPE OF EMPLOYMENT		
\$ BASE SALARY DESIRED	OTHER FINANCIAL CONSIDERATIONS DESIRED	

**EDUCATION**

SCHOOL NAME	DIPLOMA/ DEGREE	DATE RECEIVED	COURSE OF STUDY
High School/GED: _____	_____	N/A	N/A
College/University: _____	_____	_____	_____
Graduate School: _____	_____	_____	_____
Certificate Program: _____	_____	_____	_____
Other: _____	_____	_____	_____

Please include any other information you feel is important regarding your potential employment with the Company:

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**EMPLOYMENT HISTORY****MOST RECENT EMPLOYER**

NAME OF EMPLOYER	AREA CODE/TELEPHONE NUMBER
STREET ADDRESS	CITY, STATE, ZIP
DATES OF EMPLOYMENT (MONTH AND YEAR)	POSITION TITLE/IMMEDIATE SUPERVISOR
STARTING SALARY \$ _____ ANNUALLY <input type="checkbox"/> HOURLY <input type="checkbox"/>	ENDING SALARY \$ _____ ANNUALLY <input type="checkbox"/> HOURLY <input type="checkbox"/>

## ADDITIONAL COMPENSATION

BONUS: \$ \_\_\_\_\_ PER: \_\_\_\_\_ COMMISSION: \$ \_\_\_\_\_ PER: \_\_\_\_\_

## EXACT REASON FOR LEAVING

**SECOND PREVIOUS EMPLOYER**

NAME OF EMPLOYER	AREA CODE/TELEPHONE NUMBER
STREET ADDRESS	CITY, STATE, ZIP
DATES OF EMPLOYMENT (MONTH AND YEAR)	POSITION TITLE/IMMEDIATE SUPERVISOR
STARTING SALARY \$ _____ ANNUALLY <input type="checkbox"/> HOURLY <input type="checkbox"/>	ENDING SALARY \$ _____ ANNUALLY <input type="checkbox"/> HOURLY <input type="checkbox"/>

## ADDITIONAL COMPENSATION

BONUS: \$ \_\_\_\_\_ PER: \_\_\_\_\_ COMMISSION: \$ \_\_\_\_\_ PER: \_\_\_\_\_

## EXACT REASON FOR LEAVING

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**THIRD PREVIOUS EMPLOYER**

NAME OF EMPLOYER	AREA CODE/TELEPHONE NUMBER
STREET ADDRESS	CITY, STATE, ZIP
DATES OF EMPLOYMENT (MONTH AND YEAR)	POSITION TITLE/IMMEDIATE SUPERVISOR
STARTING SALARY \$ _____ ANNUALLY <input type="checkbox"/> HOURLY <input type="checkbox"/>	ENDING SALARY \$ _____ ANNUALLY <input type="checkbox"/> HOURLY <input type="checkbox"/>
ADDITIONAL COMPENSATION BONUS: \$ _____ PER: _____ COMMISSION: \$ _____ PER: _____	
EXACT REASON FOR LEAVING	

**FOURTH PREVIOUS EMPLOYER**

NAME OF EMPLOYER	AREA CODE/TELEPHONE NUMBER
STREET ADDRESS	CITY, STATE, ZIP
DATES OF EMPLOYMENT (MONTH AND YEAR)	POSITION TITLE/IMMEDIATE SUPERVISOR
STARTING SALARY \$ _____ ANNUALLY <input type="checkbox"/> HOURLY <input type="checkbox"/>	ENDING SALARY \$ _____ ANNUALLY <input type="checkbox"/> HOURLY <input type="checkbox"/>
ADDITIONAL COMPENSATION BONUS: \$ _____ PER: _____ COMMISSION: \$ _____ PER: _____	
EXACT REASON FOR LEAVING	



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### PREVIOUS EMPLOYMENT INFORMATION

1. HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY POSITION? YES ☐ NO ☐

IF YES, PLEASE STATE CIRCUMSTANCE(S):

2. PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY:

3. MAY WE CONTACT YOUR CURRENT EMPLOYER YES ☐ NO ☐

IF NO, PLEASE STATE REASON(S):

### BACKGROUND INFORMATION

**Answering "yes" to these questions does not automatically constitute a bar to employment. Factors such as age and time of violation, seriousness in nature of the violation, and rehabilitation will be taken into account. Do not include minor traffic infractions, and marijuana-related offenses that occurred over two (2) years ago. Falsification of this application for employment is grounds for disqualification or dismissal.**

1. HAVE YOU EVER PLED GUILTY OR "NO CONTEST" TO, OR BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES ☐ NO ☐

IF YES, PLEASE COMPLETE

NATURE OF CONVICTION: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

SENTENCE: \_\_\_\_\_

DATE OF CONVICTION: \_\_\_\_\_

ADDITIONAL RELEVANT INFORMATION:

2. HAVE YOU BEEN ARRESTED FOR ANY CURRENT MATTERS FOR WHICH YOU ARE OUT ON BAIL OR ON YOUR OWN RECOGNIZANCE PENDING TRIAL? YES ☐ NO ☐

IF YES, PLEASE COMPLETE

NATURE OF ARREST: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

SENTENCE: \_\_\_\_\_

DATE OF CONVICTION: \_\_\_\_\_

ADDITIONAL RELEVANT INFORMATION:



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### PROFESSIONAL REFERENCES

	NAME	OCCUPATION	RELATIONSHIP	CONTACT NUMBER
1.				
2.				
3.				

### CALIFORNIA "AT-WILL" EMPLOYMENT AGREEMENT

I acknowledge that if I am employed by Coastal Animal Hospital, both Coastal Animal Hospital and I will have the right to terminate my employment at any time, with or without cause, with or without advance notice. This "at-will" employment relationship shall remain in effect throughout my employment by Coastal Animal Hospital and may not be modified by any oral or implied agreement. Furthermore, the "at-will" nature of my employment may not be modified by any oral or written statement(s), including performance evaluations, salary increases, bonuses, promotions, or by the length of employment. I understand only a written contract signed by the owner of Coastal Animal Hospital, and myself, can alter this California "At-Will" Employment Agreement.

### BACKGROUND RELEASE

I certify that the information submitted in this application is true and complete. I have not knowingly withheld any information which might adversely affect my chances for employment, and that I, the undersigned applicant, have personally completed this application. I understand that if employed, any false statement or omission of information on this application may result in my disqualification or dismissal. I further understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate the employer in any way if Coastal Animal Hospital were to employ me.

I specifically authorize Coastal Animal Hospital or their second party administrator, to obtain any and all information from schools, colleges, present and past employers (including performance and disciplinary history), references, and any financial institution or credit reporting agency. This information may be obtained at any time and any number of times before, during and after my employment with Coastal Animal Hospital. In addition, I hereby release Coastal Animal Hospital, my former employers, and all other persons from any and all claims, demands or liabilities arising out of, or in any way related to, such investigations or disclosure, including but not limited to claims for defamation, slander, libel, negligent or fraudulent misrepresentation, and invasion of privacy.

### ACKNOWLEDGMENT

I have read and understand Coastal Animal Hospital's California "At-Will" Employment Agreement and Background Release. In signing below, I hereby acknowledge and/or agree to all conditions set forth. I recognize that my failure to acknowledge having read and understood the information provided may result in my disqualification for employment.

I agree that if I am not hired by Coastal Animal Hospital, or do not accept a position offered by Coastal Animal Hospital, I will not disclose confidential information learned during the interview process.

### CERTIFICATION

I certify that all statements on this application are true and complete to the best of my knowledge. I have read and understand everything contained in this application, including the at-will employment provision set forth. I understand that false or incomplete statements shall be sufficient cause for disqualification or dismissal.

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**In order to verify educational records and previous employment, please indicate any other name(s) you have used:**

1. \_\_\_\_\_

2. \_\_\_\_\_