

Employment Application – Gentle Doctor Animal Hospitals
Main Location: 15230 West Maple Road, Omaha, Nebraska 68116 ph: 402-445-4400

This company is an Equal Opportunity Employer. In all our employment practices, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, disability or any other basis of discrimination prohibited by applicable local, state or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds.

Please answer all questions. Incomplete applications will be rejected.

Name: _____ Street Address: _____

Apt # _____ City: _____ State: _____ Zip: _____ SS#: _____

Telephone: (____) _____ - _____ 18 or older? [] Yes [] No If not, birth date: _____

- Have you worked around animals in your previous employment? [] Yes [] No
- If Yes, what type of animals? _____
- Position for which you are applying: _____
- What wage/salary do you expect? \$ _____ per _____
- If hired, when could you start work? _____
- Are you willing to travel between hospitals as needed? [] Yes [] No
- Do you have a fear of any type of animal? [] Yes [] No
- If Yes, what type of animal? _____
- Who referred you to this company for employment? _____
- Names of friends or relatives working for the Company (list names/s and relationship/s)

AVAILABILITY

How many hours per week are you available for work? (list times below)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

Certain positions within the company require use of a car or other motorized vehicle. If use of such a vehicle were required in the job for which you are applying:

- Do you have a valid driver's license? [] Yes [] No If No, can you obtain one? [] Yes [] No
- Do you have access to a car or other motorized vehicle? [] Yes [] No
- Do you have or can you obtain liability insurance on such a vehicle? [] Yes [] No

Your driving record will be checked if you drive a company vehicle.

EDUCATION

High school: _____ Address: _____

City: _____ State: _____ Zip: _____ Last grade completed: _____
Grade Point Avg: _____ Did you graduate? [] Yes [] No Still Enrolled? [] Yes [] No
Trade or College: _____ Address: _____
City: _____ State: _____ Zip: _____ Last grade completed: _____
Course/major: _____ Degree/Certification: _____
Grade Point Avg: _____ Did you graduate? [] Yes [] No Still Enrolled? [] Yes [] No

EMPLOYMENT HISTORY: (start with most recent employer)

Company: _____ Job Title: _____
Address: _____ City: _____ State: _____
Still Employed? [] Yes [] No Supervisor: _____ Telephone: _____
Reason for leaving: _____
Reference check performed by: _____
Company: _____ Job Title: _____
Address: _____ City: _____ State: _____
Still Employed? [] Yes [] No Supervisor: _____ Telephone: _____
Reason for leaving: _____
Reference check performed by: _____
Company: _____ Job Title: _____
Address: _____ City: _____ State: _____
Still Employed? [] Yes [] No Supervisor: _____ Telephone: _____
Reason for leaving: _____
Reference check performed by: _____

*During the last 7 years, have you ever been convicted of, pled guilty to, or pled no contest to a crime, excluding misdemeanor and traffic violations? [] Yes [] No

If Yes, describe: _____

** A conviction will not necessarily bar you from employment.*

MILITARY SERVICE:

Branch: _____ Date Entered: _____ Discharged: _____ Rank: _____

Do you have service-related skills applicable to civilian employment? [] Yes [] No

If Yes, describe: _____

ADDITIONAL INFORMATION: (all applicants)

List additional training or experience: _____

AGREEMENT:

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED:

I hereby certify that I have read and fully completed this application and that the facts set forth in this employment application (and accompanying resume, if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further certify that I am a true and bona fide job applicant, honestly interested in working in the position(s) for which I have applied, and I am seeking employment with this company solely to provide me with the benefits of a job and for no other purpose.

I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics and standard of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature and scope of any such report. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

AUTHORIZATION TO RELEASE INFORMATION: I authorize the references and/or employers listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you. I agree and understand that the Company and its agent may investigate or seek information concerning my background and/or previous employment, whether of the record or not. I further agree and understand that if employed, the Company may at any time seek any information from whatever source, which in its discretion, it deems relevant to my employment.

NO DRUG USE POLICY: This Company does not hire persons who use illegal drugs. All persons seeking employment or employed with this Company may be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by the Company, and further consent to have the specimen tested at a laboratory selected by the Company. I hereby certify that I (check one) do or do not use illegal drugs.

SIGNED: _____ DATE: _____