

San Carlos Animal Hospital  
8618 Lake Murray Blvd.  
San Diego, CA 92119  
619-460-3100  
619-698-3335 (fax)

Application for Employment

Instructions: **Please fill out the application completely even if you attach a resume.** On YES and NO questions please circle answer and explain when necessary. Equal consideration will be given to all qualified applicants. San Carlos Animal Hospital is an equal opportunity employer. No question is asked for the purpose of excluding any applicant on the basis of race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation.

Position or positions applied for \_\_\_\_\_ Application date \_\_\_\_\_

**PERSONAL INFORMATION**

Name (Last, First, Middle) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone daytime \_\_\_\_\_ evening \_\_\_\_\_ email \_\_\_\_\_  
Driver's license \_\_\_\_\_ SSN \_\_\_\_\_

**AVAILABILITY FOR WORK** (please circle answer where necessary)

If you are under 18, can you provide a work permit? YES NO I am over 18

Are you legally eligible for employment in the United States? YES NO  
(proof of US citizenship or immigration status is required upon hire)

Date available for work \_\_\_\_\_ Type of employment (circle answer) PT FT Temp

Are you willing to work mornings? YES NO, evenings? YES NO, weekends? YES NO

Hourly Salary Requirement \_\_\_\_\_ Benefit requirements \_\_\_\_\_

Do you have any ongoing obligations or other personal commitments that would affect your work schedule? YES NO If yes, please explain \_\_\_\_\_

Have you worked under a different name (names) other than listed above? YES NO If yes, please list \_\_\_\_\_

Have you ever been disciplined or your employment terminated? YES NO If yes, please explain \_\_\_\_\_

Have you ever been convicted of a felony? YES NO (a criminal record does not automatically bar you from employment) If yes, please explain \_\_\_\_\_

Are you currently employed? YES NO If yes, can we ask of your present employer? YES NO

Have you applied for this company before? YES NO If yes, when? \_\_\_\_\_

Have you worked for this company before? YES NO If yes, when? \_\_\_\_\_

Have you ever been employed by Sunset Cliffs Animal Hospital in San Diego, CA? YES NO If yes, I certify that I have not been solicited for employment, directly or indirectly or been influenced in any way by any officer, employee or representative of San Carlos Animal Hospital and I have applied for employment out of my own free will. Please print and sign your name if you answered yes

**EDUCATION AND TRAINING HISTORY** (include additional pages if needed)

High School Name \_\_\_\_\_ Years attended \_\_\_\_\_

Did you graduate? YES NO

College/University/Trade School Name \_\_\_\_\_ Years attended \_\_\_\_\_

Did you graduate? YES NO Degree or course of study \_\_\_\_\_

College/University/Trade School Name \_\_\_\_\_ Years attended \_\_\_\_\_

Did you graduate? YES NO Degree or course of study \_\_\_\_\_

Other Education \_\_\_\_\_

Licenses and certifications (please include license numbers, state issued, and whether they are current)

Other Skills \_\_\_\_\_

**EMPLOYMENT HISTORY** (last 4 with most recent first). Fill out completely and DO NOT write "see resume". Attach additional pages if needed.

Employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone \_\_\_\_\_ Supervisor's name and title \_\_\_\_\_

Can we contact this employer? YES NO If no, please explain \_\_\_\_\_

Your title/position/responsibilities \_\_\_\_\_

Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

What did you like and did not like about this job? \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Employer's Phone \_\_\_\_\_ Supervisor's name and title \_\_\_\_\_  
Can we contact this employer? YES NO If no, please explain \_\_\_\_\_

Your title/position/responsibilities \_\_\_\_\_

Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

What did you like and did not like about this job? \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Employer's Phone \_\_\_\_\_ Supervisor's name and title \_\_\_\_\_  
Can we contact this employer? YES NO If no, please explain \_\_\_\_\_

Your title/position/responsibilities \_\_\_\_\_

Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

What did you like and did not like about this job? \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Employer's Phone \_\_\_\_\_ Supervisor's name and title \_\_\_\_\_  
Can we contact this employer? YES NO If no, please explain \_\_\_\_\_

Your title/position/responsibilities \_\_\_\_\_

Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

What did you like and did not like about this job? \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES** (please do not include any family members)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship/Years Known \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship/Years Known \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship/Years Known \_\_\_\_\_

Please describe how your education, previous employment, and skills, or personal characteristics make you a strong candidate for the position you are applying for. \_\_\_\_\_  
\_\_\_\_\_

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Please describe your career goals for the next 1 to 5 years. \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that all the information provided by me on this application form is true and correct to the best of my knowledge. I understand that any misrepresentations by me on this application will be sufficient cause for cancellation of this application or termination from employment if I have been employed.

I authorize and give the employer the right to investigate all references and to secure additional information about me if job related. I authorize all former employers, educational institutions and personal references, including their representatives, to furnish or provide full and complete records, documents or information to San Carlos Animal Hospital or its representative concerning my prior educational and work histories. I hereby waive, release, indemnify and hold harmless the employer and its representatives for seeking such information, and all other persons, corporations, or organizations for furnishing such information.

I understand that this is a preliminary application for employment and not a contract to employ me.

I certify that if I am or I have been a former employee of Sunset Cliffs Animal Hospital I have not been solicited for employment, directly or indirectly or been influenced in any way by any officer, employee or representative of San Carlos Animal Hospital and I have applied for employment out of my own free will.

San Carlos Animal Hospital is an equal opportunity employer. The employer does not discriminate on the basis of race, color, national origin, religion, age, sex, disability, or any other factor prohibited by local, state, or federal law or regulation.

I understand and agree that my employment shall be completely voluntary and may be terminated at will, with or without cause, and with or without prior notice, by either myself or the employer. I understand that no employee or representative of San Carlos Animal Hospital, other than its owner, has the authority to enter into any agreement for employment. I understand that the at will nature of the employment can only be altered if done in writing by the employer.

If employed, I agree to comply with all the rules of the company as a condition of continued employment. These may be amended as necessary.

This application is only current for 30 days. If I have not heard from the employer after this time and still wish to be considered for employment it may be necessary to fill out a new application.

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_