



Murrieta Family Pet Hospital

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APPLICATION FOR EMPLOYMENT



An Equal Opportunity Employer

Murrieta Family Pet Hospital does not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, disability, or any other status protected by applicable law or regulation. All qualified applicants will be given equal opportunity and selection decisions will be based on job-related factors.

Date _____

Full Name _____

Present Address

No. Street City State Zip

Primary Phone _____ Secondary Phone _____

E-mail Address _____

Position Applying For _____

Desired Salary Range _____

Seeking Employment Full-time Part-time

Days Available Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours available to work _____

On what date would you be able begin _____

Have you worked under a different name? Yes No

If yes, give name _____

If hired, can you furnish proof that you are eligible to work in the United States? Yes No

Education

Name of School/College	Major	Type of Degree/Cert.	Graduate Y or N
High School			
College or University			
Business, Trade, Correspondence or Night School			
Other			

Relevant Special Interests/Organizations

(Do not include any labor organization, or memberships that reveal race, sex, age, veteran status, disability, or other protected status)

Name/Description of Organization	Active Participation		Offices/Position Held
	From	To	

Are there any other work experiences, skills, or qualifications that you feel will help qualify you for a position at our hospital? (Use an additional sheet of paper if necessary).

Certification

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered later. I understand that employment with Murrieta Family Pet Hospital will be contingent on passing a drug/alcohol test and background investigation. I consent to random drug testing during my employment. I authorize the manager/owner of Murrieta Family Pet Hospital to contact any individual named on this application (unless otherwise noted) for information that may be useful in the hiring decision. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT OR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRACTICE MANAGER OR OWNER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY SUCH PERSON AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED "AT WILL" AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Signature

Date