

Camelot Animal Hospital & Boarding Kennel

10441 Orange Drive, Davie, Florida 33328
Phone: 954-473-0192
www.camelotanimalhospital.com

Received by:

EMPLOYMENT APPLICATION

Applicants are considered without regard to race, color, religion, sex, age, national origin, sexual orientation, veteran status or any other factors prohibited by local, state, or federal law. We are proud to be an Equal Opportunity Employer.

YOU MUST COMPLETE APPLICATION FULLY TO BE CONSIDERED FOR THIS POSITION.

Application Date: _____

Personal

Last Name: _____ First: _____ M.I.: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please list all names you have used in the past:

If under 18, what is your age? _____

In case of emergency, please notify: _____ Tel No: _____
Relationship to you: _____

Have you ever applied for employment at our Company? Yes Date: _____ No

Have you ever been employed at our Company? Yes Date of hire: _____ No

How did you learn about this job opening? _____

Position applied for: _____

Salary Desired: \$_____ per: _____

How many hours can you work weekly? _____

Can you work weekends? Yes No

Can you work holidays? Yes No

Employment desired: Full-time only Part-time only I can work either full-time or part-time

Date available: _____

Is there anything that would prevent your dependable and timely attendance at work? Yes No

Can you perform the job functions required by the position for which you are applying? Yes No

Proof of legal authorization to work in the United States will be required upon employment.

Can you, after employment, provide proof of eligibility or authorization to work in the United States? Yes No

Criminal Convictions

Have you ever been convicted of a felony? Yes No

(Answering "Yes" does not automatically disqualify you for consideration.)

If "Yes," please provide details.

Do you have a driver's license? Yes No

Driver's license number _____

State of issue _____ Expiration date _____

What is your means of transportation to work? _____

Education & Training

Type of School or Training	Name, City, & State	Years Completed	Major, Degree, and/or Type of Certification
High School			
College			
Bus. or Trade School			
Professional School			

Other Skills

List any computer software you know how to use:

Additional Computer Skills: _____

Other Skills: _____

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held and including military service. Attach additional sheets if necessary. **Please complete even if you are providing a resume.**

Name of employer: _____

Street address: _____

City, state, zip code: _____

Your last job title: _____

Name of your last supervisor: _____

Employment dates:

From: _____ To: _____

Pay or salary:

Start: _____ Final: _____

Reason for leaving (*be specific, including whether you have been fired, laid off, or asked to resign*):

List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company:

Name of employer: _____

Street address: _____

City, state, zip code: _____

Your last job title: _____

Name of your last supervisor: _____

Employment dates:

From: _____ To: _____

Pay or salary:

Start: _____ Final: _____

Reason for leaving (*be specific, including whether you have been fired, laid off, or asked to resign*):

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City, state, zip code: _____

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Pay or salary:

Start: _____ Final: _____

Reason for leaving (*be specific, including whether you have been fired, laid off, or asked to resign*):

List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company:

Name of employer: _____

Street address: _____

City, state, zip code: _____

Your last job title: _____

Name of your last supervisor: _____

Employment dates:

From: _____ To: _____

Pay or salary:

Start: _____ Final: _____

Reason for leaving (*be specific, including whether you have been fired, laid off, or asked to resign*):

List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company:

May we contact your current employer? Yes No

References

Name three (3) individuals we may contact **who have knowledge of your job performance and work experience**, preferably former supervisors and not relatives. **Please let them know you are using them as references.**

Reference 1

Name: _____

Position: _____

Company: _____

Address: _____

Telephone: _____

Years known: _____

Reference 2

Name: _____

Position: _____

Company: _____

Address: _____

Telephone: _____

Years known: _____

Reference 3

Name: _____

Position: _____

Company: _____

Address: _____

Telephone: _____

Years known: _____

Please put a "Y" (for yes) in the box for every block of time you would be available to work. If you cannot work the entire time period, note any variations in that box.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am-12pm							
12pm-4pm							
4pm-7pm							

PLEASE READ CAREFULLY AND SIGN AT THE BOTTOM OF THIS PAGE.

I certify that all information I have provided in this application is true and complete. I certify that any other documents and information that I have provided or will provide to the Company during the application process are true and correct. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any and all statements contained in this application, and authorize the Company to contact the persons and entities named in this application in order to provide any relevant information that, in the Company's discretion, may be useful in the Company's hiring decisions. I further authorize the persons and entities named in this application to respond fully and openly to Company's inquiries. I release Company and these persons and entities from all liability concerning such inquiries or the response to such inquiries.

I also understand that (1) the company has a drug and alcohol policy that provides for pre-employment testing, as well as testing after employment, (2) consent to and compliance with such policy is a condition of my employment, and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report, including information as to my credit records, character, general reputation, personal characteristics, and mode of living, and I agree to sign and complete all disclosures, authorizations, and releases necessary to allow the Company to make such request.

I understand that this application or subsequent employment does not create a contract of employment for any definite period of time. If I am employed by the Company as a result of this process, I understand that I have been hired at the will of the Company and that my employment may be terminated by me or by the Company at any time, with or without cause and with or without notice. I understand and agree that no promises of continued employment for any specified periods of time are binding or enforceable unless made in writing and signed by me and the authorized representative of the Company.

Name of applicant (*please print*): _____

Signature of applicant: _____ Date: _____

Thank you for completing this application and for your interest in our business.