

ALICIA PET CARE CENTER – APPLICATION FOR EMPLOYMENT

Equal access to programs, services, and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Position(s) applied for _____ Application Date _____
 Name _____
 Address _____
 City _____ Telephone _____
 Email Address _____ Driver's License _____

If you are under 18, can you furnish a work permit? (circle one) YES NO
 Have you ever been employed here before? (circle one) YES NO
 Are you legally authorized for employment in this country? (circle one) YES NO

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

Date available for work _____ Type of employment (circle one) FT PT Temp
 Have you ever been found at fault in a civil action for an intentional tort (intentional commission of a wrongful act)?
 (circle one) YES NO

Note: Answering "yes" does not automatically exclude you from further consideration for the position.
 If yes, include nature of the intentional tort and the disposition of the action.
 If yes, please explain. _____

EMPLOYMENT HISTORY List your last four (4) employers starting with the most recent.

From	To	Employer	Phone #
Job Title		Address	
Supervisor & title		Summarize the nature of your job	
Reason for leaving		Hourly rate/Salary upon hire	Hourly rate/Salary upon termination
From	To	Employer	Phone #
Job Title		Address	
Supervisor & title		Summarize the nature of your job	
Reason for leaving		Hourly rate/Salary upon hire	Hourly rate/Salary upon termination
From	To	Employer	Phone #
Job Title		Address	
Supervisor & title		Summarize the nature of your job	
Reason for leaving		Hourly rate/Salary upon hire	Hourly rate/Salary upon termination
From	To	Employer	Phone #
Job Title		Address	
Supervisor & title		Summarize the nature of your job	
Reason for leaving		Hourly rate/Salary upon hire	Hourly rate/Salary upon termination

Please explain any gaps in employment _____

Summarize any training, skills, licenses, certificates, and/or any characteristics of yourself that you feel make you a strong candidate for the position that you are applying for. _____

EDUCATIONAL BACKGROUND

Name of School	Location	Degree?	Course of study
High School			
College			
College			
Other			

REFERENCES (Please do not include any social friends or family members as references.)

Name	Telephone number	Relationship/Years known

I certify that the answers given herein (including but not limited to the Commercial Motor Vehicle Driver Supplement if applicable) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice.

I consent to and authorize this Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

CALIFORNIA APPLICANTS ONLY: I understand the Company may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics or mode of living during its evaluation of my application for employment and, if employed, during my employment. By checking the following box, I waive my right to receive copies of public records obtained by the Company.

Signature of applicant _____ Date _____

Supplemental Application – Skills Test

Circle the correct spelling:

- | | | | | | | |
|----|----------|----------|----------|------------|------------|------------|
| 1. | diarea | diarrea | diarrhea | diarhea | dirrhea | dirrea |
| 2. | vetinary | vetirary | veterary | veterinary | veteranary | vetiranaly |
| 3. | mucus | mucous | mukus | mecous | micus | muckus |
| 4. | nasea | nacea | naesa | nausea | naucea | nausia |

5. What is the name of the hospital and who is the primary doctor? _____

6. You are the only receptionist up front at the time. The phone begins to ring just as a client walks in the front door with her dog. As you begin to greet her, another client walks in behind her without an animal. Explain how you would handle this situation.

7. Explain how you would answer the phone if you were given no prior training by our staff.

8. On Wednesdays vaccines are discounted 25%. Mrs. Jones came in to get Buster vaccinated on Wednesday. The total price of the vaccinations that Buster received came to \$45.00. Calculate her savings.

9. Convert the following into decimal form.

a. $\frac{1}{2}$ = _____

b. $\frac{1}{4}$ = _____

c. 25% = _____