

ANIMAL HOSPITAL OF COTATI

Cotati, California

APPLICATION FOR EMPLOYMENT

Please: Write, Type or Print Plainly

The filing of this Application does not indicate that there are positions open and it in no way obligates Cotati Animal Hospital (the "Employer"). The information contained herein will be considered confidential and is the property of the Employer.

Name _____ Date _____/_____/_____
Last First Middle

Present Address _____
Street City State

Previous Address _____
Street City State

Home or Message Phone Number (___) _____

Related to anyone in our employ? Yes No If yes, state name and position _____ Explain to interviewer.

EMPLOYMENT DESIRED Part Time Full Time

Position _____

Any objection to overtime work? Yes No

Are you employed now? _____

Ever applied here before? _____

Driver's License? Yes No Number _____ State _____ Exp. Date _____

Have you ever been convicted of a felony? Yes No A "yes" answer does not eliminate you from consideration for employment.

If Yes, Explain

Have you ever been bonded? Yes No When? _____ Are you presently bondable? Yes No

Please list certifications, special training and skills (Computer, word processing and other programs; business machines, etc.)

EDUCATION	Name and Location of School	Did you graduate?	Major or Course
High School			
College			
Trade, Business or Correspondence School			

ACTIVITIES AND INTEREST (You may exclude those which indicate race, color, religion, sex, age or national origin.)

What hobbies do you enjoy? _____

In what professional associations are you a member? _____

NAMES - DATES - ADDRESSES - TELEPHONE NUMBERS - ARE IMPORTANT

FORMER EMPLOYERS: (List below three employers, starting with last one first. Use separate sheet if necessary).

Month and Year	Name and Telephone Number of Employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				

REFERENCES: Give below the names of three persons not related to you, whom you have known at least a year.

Name	Telephone Number and Address of Reference	Business	Years Acquainted

In case of Emergency, notify: _____

All of the information provided by me for this job application is true. I hereby authorize investigation of all statements made by me in this application. I authorize the references listed above to provide the Employer any and all information concerning my employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Employer or its agents. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

I understand and agree that if I am hired by Employer, our relationship will be for an unspecified term and it will be employment at-will. Consequently, the employment relationship can be terminated at will, by either the Employer or me, at any time either with or without cause or advance notice. No one other than Katheryn Hinkle or Carlton Hinkle has the right or the authority to enter into any agreement for any different terms of employment. Any such agreement must be in writing.

I understand that Employer does not discriminate against disabled applicants who are otherwise qualified to perform the essential functions of a particular position. If I am an individual with a disability and require a reasonable accommodation in order to perform the essential functions of a particular position, I will discuss it with my interviewer. I understand that if the accommodation can be accomplished without creating an undue hardship, the Employer will be happy to cooperate in making this accommodation.

_____ Date

_____ Signature of Applicant

DO NOT WRITE BELOW THIS LINE (to be completed by interviewer)

Hired on: _____

Remarks: _____

Thank you for your interest in working with us.