

# Animal Hospital of Colorado Springs

## Application for Employment

**NOTE: All areas of this application including the date must be completed. Incomplete applications will not be accepted. Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.**

Date \_\_\_\_\_

### NAME AND ADDRESS

Name \_\_\_\_\_  
Last First Middle Social Security Number  
Current Address \_\_\_\_\_  
Street City State Zip  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

### POSITION DESIRED

Have you applied for employment here within the last 12 months?  No  Yes When? \_\_\_\_\_  
What position are you applying for? \_\_\_\_\_ Wage Expectations: \_\_\_\_\_

### WORK SCHEDULE

What type of employment?  Full Time  Part Time  Temporary  
Date you are available to start employment? \_\_\_\_\_  
What days/times are you available to work? (Include a.m. or p.m.)

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

### EMPLOYMENT STATUS

Are you currently employed?  Yes  No  
Is your intent to continue in your current job if you work here?  Yes  No  
Are you currently a student?  Yes  No  
If "yes", what impact does this have on your availability for work? \_\_\_\_\_  
Are there any commitments, activities, hobbies, vacation plans, etc. that could effect your ability to work here?  
 Yes  No  
If "yes", please explain \_\_\_\_\_

### EDUCATIONAL BACKGROUND

#### If You Attended High School

Name of High School: \_\_\_\_\_ City and State \_\_\_\_\_  
Graduated?  Yes Date \_\_\_\_\_  No Last Date Attended \_\_\_\_\_

#### If You Attended College

Last College Attended: \_\_\_\_\_ Graduated?  Yes Date \_\_\_\_\_  No  
Major Course of Study: \_\_\_\_\_ Degrees (if applicable) \_\_\_\_\_

### Specialized Education And Training

Do you have any other kind of training? (Please include seminars and workshops)  Yes  No  
If "yes", please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## EMPLOYMENT HISTORY

List the most recent employer, or last employer, first. Include military service or any self-employed or unemployed periods. You *must* account for the past seven (7) years or since completing school, whichever is less. Use additional pages if necessary.

### Employment History – Current Employer

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date Employed \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Last Position Held \_\_\_\_\_ Last Salary \_\_\_\_\_  
Last Supervisor's Name \_\_\_\_\_  
Why Did You Leave? (*Be Specific*) \_\_\_\_\_  
Liked Most About Job? (*Be Specific*) \_\_\_\_\_  
Liked Least About Job? (*Be Specific*) \_\_\_\_\_  
May we contact this employer for a reference?  Yes  No

### Past Employer(s)

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date Employed \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Last Position Held \_\_\_\_\_ Last Salary \_\_\_\_\_  
Last Supervisor's Name \_\_\_\_\_  
Why Did You Leave? (*Be Specific*) \_\_\_\_\_  
Liked Most About Job? (*Be Specific*) \_\_\_\_\_  
Liked Least About Job? (*Be Specific*) \_\_\_\_\_  
May we contact this employer for a reference?  Yes  No

### Past Employer(s) Continued

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date Employed \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Last Position Held \_\_\_\_\_ Last Salary \_\_\_\_\_  
Last Supervisor's Name \_\_\_\_\_  
Why Did You Leave? (*Be Specific*) \_\_\_\_\_  
Liked Most About Job? (*Be Specific*) \_\_\_\_\_  
Liked Least About Job? (*Be Specific*) \_\_\_\_\_  
May we contact this employer for a reference?  Yes  No

### Past Employer(s) Continued

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date Employed \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Last Position Held \_\_\_\_\_ Last Salary \_\_\_\_\_  
Last Supervisor's Name \_\_\_\_\_  
Why Did You Leave? (*Be Specific*) \_\_\_\_\_  
Liked Most About Job? (*Be Specific*) \_\_\_\_\_  
Liked Least About Job? (*Be Specific*) \_\_\_\_\_  
May we contact this employer for a reference?  Yes  No

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## OTHER INFORMATION

Are you at least 18 years of age?  Yes  No If you are under 18, can you provide a work permit?  Yes  No  
Have you ever been convicted of a crime or a violation, other than a minor traffic violation?  
 Yes  No If "yes", please describe \_\_\_\_\_

Are you a citizen of the United States?  Yes  No If not, are you legally eligible to work in the U.S.?  Yes  No  
Document Number (if applicable) \_\_\_\_\_

*Please write a brief paragraph describing what experience that you have working with animals, and the reason that you would like to work at this clinic.*

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## ACKNOWLEDGEMENTS & AGREEMENTS

Animal Hospital of Colorado Springs has established a drug-free workplace. We require pre-employment screening designed to prevent the hiring of individuals who use illegal drugs, or whose use of legal drugs or alcohol indicates a potential for impaired or unsafe job performance.

Testing will take place after the prospective employee's interview process, and after an offer of employment has been made. Applicants whose test results are at a positive level for either drugs or alcohol will be rejected for employment.

By signing below, I agree to provide a urine or blood sample, at a collection site, for drug testing prior to accepting an employment offer.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I certify that my answers are true and complete to the best of my knowledge. I authorize Animal Hospital of Colorado Springs to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date