



Animal Hospital of West Chester

9335 Cincinnati Columbus Road
West Chester, OH 45069
513-777-5131/Fax 513-777-5442
www.animalhospitalofwc.com

Name _____ Date _____

Position Desired _____ Email _____

Address _____

Telephone Number () _____ Desired Salary _____

Do you have any schedule restrictions?: _____

Employment Eligibility

<p>Are you a citizen of the U.S.? Yes / No</p> <p>If not, do you have legal right to work in the U.S.? Yes / No</p>	<p>Are you 16 years of age or older? Yes / No</p> <p>If not, please specify age _____</p>
<p>Do you speak or read any languages fluently besides English? Yes / No</p> <p>If yes, which one(s) _____</p>	<p>Have you ever been convicted of a felony crime? Yes / No</p> <p>Are there any criminal charges pending against you? Yes / No</p>
<p>Background testing is an employment requirement. I understand that if I am offered a position, a background test will be required.</p> <p>Signature _____</p> <p>—</p>	<p>Drug-Free Screening is an employment requirement. I understand that if I am offered a position, drug screening will be required prior to my employment.</p> <p>Signature _____</p> <p>—</p>

Education

Education	Name of School	City/State	Degree / Major
High School			
College / University			
Graduate School			

Trade School			
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Employment History

Employment Dates	Employers Name & Address	Position / Job Duties	Reason for Leaving: Wage/salary:

Is any information relative to change in name, use of an assumed name, maiden name, or nickname necessary to check your work record or background information? Yes No If yes, please provide other names.

Do you authorize us to contact your previous and present employer for reference prior to employment with this business? Yes / No

Authorized signature:

Date:

What else would you like us to know about you?

Applicant's Affidavit:

I certify that the information contained in this application is correct to the best of my knowledge. I authorize investigation of all matters contained in this application and agree that any misleading or false statements would be cause for rejection of this application or would be sufficient cause for dismissal after employment begins. I understand that employment is contingent upon the receipt of negative drug screening results, background check, and satisfactory work references by HOSPITAL NAME. I further understand that my continued employment will be based on my satisfactory performance and the satisfactory completion of the Benefits Waiting period of employment.

Signature

Date

----- **Do Not Write Below This Line** -----

Called for interview: _____ Interview scheduled: _____ arrived: _____

Interviewed By: _____ Date: _____ FT PT (hrs : _____)

Scheduling restraints: _____

Remarks: _____