



GREAT FALLS ANIMAL HOSPITAL  
APPLICATION FOR EMPLOYMENT

(Please print clearly)



**An Equal Opportunity Employer - Male/Female**

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status or disability. It is our intention that all qualified applications be given equal opportunity and that selection decisions are based on job-related factors.

Social Security No. \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_  
Last First Middle  
Present address \_\_\_\_\_ Telephone no. \_\_\_\_\_  
No. Street Landline/Cell  
City State Zip Email Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Rate of pay \_\_\_\_\_ per  
Full Part Specify days and hour  
Would you work \_\_\_\_\_ time \_\_\_\_\_ time hours if part-time \_\_\_\_\_  
Were you previously employed by this organization? \_\_\_\_\_  
If yes, when? \_\_\_\_\_

List any friends or relatives working here, other than spouse \_\_\_\_\_  
\_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 20\_\_\_\_

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here? Please add any additional comments you think are important for us to consider.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.  
Date of birth: \_\_\_\_\_

Do you have reliable transportation?..... \_\_\_\_\_  
yes or no

U. S. citizen?..... \_\_\_\_\_  
yes or no

If no, do you have a valid work permit?..... \_\_\_\_\_  
yes or no

Within the past five years have you ever missed work due to illness or injury? \_\_\_\_\_  
yes or no

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever collected Worker's Compensation or Disability within the past five years \_\_\_\_\_  
yes or no

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony?.....\_\_\_\_\_
yes or no

If yes, please explain \_\_\_\_\_

Have you previously applied here?.....\_\_\_\_\_
yes or no

Have you worked for any firm under a different name?...\_\_\_\_\_
yes or no

If yes, give name \_\_\_\_\_

Personal References (not former employers or relatives)

Table with 3 columns: Name and occupation, Address, Phone number. Rows 1, 2, 3.

Membership in Professional or Civic Organizations (do not include racial, religious, or nationality groups)

Table with 3 columns: Name or description of organization, Active participation (From, To), Offices held. Rows 1, 2, 3.

Educational Background

Table with 5 columns: EDUCATION, NAME AND LOCATION OF SCHOOL, YEARS ATTENDED, DATE GRADUATED, SUBJECTS STUDIED. Rows for HIGH SCHOOL, COLLEGE, TRADE OR BUSINESS SCHOOL.

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 18 but less than 70 years of age.

Subjects of special study or research work \_\_\_\_\_

What foreign languages do you speak fluently? \_\_\_\_\_

Read \_\_\_\_\_ Write \_\_\_\_\_

U.S. Military or Naval service \_\_\_\_\_ Rank -----

Present Membership in \_\_\_\_\_ National Guard or Reserves \_\_\_\_\_

**Work History (begin with the most recent, list all past employers, including any pertinent military experience)**

Name of Company \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_

Date employed \_\_\_\_\_ Immediate supervisor \_\_\_\_\_ Exact job title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Earnings at hire \_\_\_\_\_ At termination \_\_\_\_\_ Reason \_\_\_\_\_

Description of duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Company \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_

Date employed \_\_\_\_\_ Immediate supervisor \_\_\_\_\_ Exact job title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Earnings at hire \_\_\_\_\_ At termination \_\_\_\_\_ Reason \_\_\_\_\_

Description of duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Company \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_

Date employed \_\_\_\_\_ Immediate supervisor \_\_\_\_\_ Exact job title \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Earnings at hire \_\_\_\_\_ At termination \_\_\_\_\_ Reason \_\_\_\_\_

Description of duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information.

I certify that all statements and answers to questions about my health are true and was made by me without any reservations. I understand that GFAH's only obligation being to pay salary or wages due and owing at the time of the termination.

I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from the final paycheck(s) all monies due and owing to the company.

To ensure a safe and productive work environment, Great Falls Animal Hospital prohibits the use, purchase, sale, possession, or transfer of any alcoholic beverage or non-medically prescribed controlled drug while on hospital property or during company time.

The hospital also prohibits any employee reporting for or being at work while under the influence of alcohol or drugs. If you are using a prescribed drug which might in any way affect job performance, report this to you supervisor immediately.

Any violation of the policy will result in disciplinary action, including termination.

Finally, I understand that I am subject to the Company's Substance Abuse Policy. All offers of employment to applicants will be contingent upon the applicant passing a drug test in accordance with the Company's policy. I also understand that if I refuse to submit to pre-employment testing when requested, or refuse to sign the Company's Substance Abuse Policy consent form, will not be employed by the Company. Further, I understand that if I test positive for any prohibited substance, the applicant will not be employed by the Company. I also understand that GFAH will drug test randomly and if for any reason there is reasonable cause.

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Signature

Date