



4984 E. 22nd St., Tucson, AZ 85711 • 520-748-0331

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APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP CODE

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP CODE

PHONE NO.

IF RELATED TO ANYONE IN OUR EMPLOY,
STATE NAME AND DEPARTMENT
(OMIT NAME OF SPOUSE)

REFERRED
BY

EMPLOYMENT DESIRED

POSITION

DATE YOU
CAN START

SALARY
DESIRED

EMPLOYMENT DESIRED:

FULL-TIME PART-TIME

SHIFT: 1st 2nd 3rd

ARE YOU EMPLOYED NOW?

IF SO, MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER?

DAYS AVAILABLE FOR WORK:

MON TUE WED THUR FRI

SAT SUN NO PREFERENCE

EVER APPLIED TO THIS COMPANY BEFORE?

WHEN?

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	PHONE #	YEARS ACQUAINTED
1				
2				
3				

(CONTINUED ON OTHER SIDE)

WORK HISTORY BEGIN WITH THE MOST RECENT, LIST LAST FOUR EMPLOYERS

NAME OF COMPANY	BUSINESS ADDRESS	CITY	STATE	PHONE NO.
TYPE OF BUSINESS	IMMEDIATE SUPERVISOR	DATE EMPLOYED (MONTH AND YEAR) FROM TO		
EXACT JOB TITLE	EARNINGS AT HIRE	AT TERMINATION	REASON FOR TERMINATION	
DESCRIPTION OF DUTIES				

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DESCRIPTION OF DUTIES				

The Drug Enforcement Agency requires that any person who will have access to controlled substances as a result of his or her status as an employee or agent of Valley Animal Hospital answer the following questions. Any false information or omission of information may jeopardize your position with respect to employment. Information revealed by these questions will not necessarily preclude employment or affect continued employment, but will be considered as part of an overall evaluation of your qualifications and job responsibilities. The responses to these questions will be held in strictest confidence.

- 1) In the past 5 years, have you been convicted of a felony, or within the past two years of any misdemeanor or are you presently charged with committing a criminal offense? (Do not include traffic violations, juvenile offenses or military convictions, except by general court-martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence.

Yes _____ No _____

- 2) in the past 3 years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details.

Yes _____ No _____

I authorize Valley Animal Hospital to obtain information concerning me from former employers and from any persons I have given as references and to verify all other information provided by me. I release all concerned from all liability in connection therewith. I understand that any false statement, misrepresentation or omission made by me on this application, or on any supplement thereto may result in my dismissal.

In consideration of my employment, I agree to conform to the policies of Valley Animal Hospital and I agree and understand that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either myself or Valley Animal Hospital. I understand that no supervisor or representative of Valley Animal Hospital has any authority to enter into any agreement for employment for a specified period of time, or make any agreement contrary to the foregoing.

I understand that Valley Animal Hospital is committed to establishing and maintaining a safe workplace and a healthy and efficient workforce free from the effects of drug and alcohol abuse. Valley Animal Hospital may require any applicant to whom a conditional offer of employment has been made to submit to testing for drugs. Valley Animal Hospital will withdraw any conditional job offer made to any applicant who fails his or her drug test or who refuses to take a drug test. I hereby consent to a test for substance abuse or chemical dependency if I am given a conditional offer of employment and I further understand that if employed, I may be required to submit to testing for drug and alcohol abuse periodically during the course of my employment in accordance with the Valley Animal Hospital Drug and Alcohol Testing Program.

SIGNATURE _____ DATE _____