## **Kimberly Crest Veterinary Hospital**

1423 E. Kimberly Road • Davenport, Iowa 52807 • www.kimberlycrestvet.com • 563.386.1445



## **APPLICATION FOR EMPLOYMENT**

Thank you for applying today! We offer competitive wages and benefits, and equal access to employment, programs, and services to all persons regardless of gender, age, race, national origin, religion, veteran status or disability. Those applicants requiring reasonable accommodation to the application and/or interview process should notify us. YOU WILL BE NOTIFIED ONLY IF WE WISH YOU TO PROCEED THROUGH THE SELECTION PROCESS; YOU MAY UPDATE AND/OR CHECK ON THE STATUS OF YOUR APPLICATION AS YOU WISH.

PERSONAL INFO	ORMATION I	Date of Application	n/	/	
NameLast	First	M.I. Soc.S	Sec.#		
AddressStree	t	City	State	Zip	
Phone # Day (	)	Phone # Night (	)		
EMPLOYMENT [	DESIRED				
Position		Full Time	Part Time		
Date you can sta	rt	Wages/Salary	desired		
Can you perform	ead the Job Description for the po the essential functions of to anable accommodations wo	he job? Yes 🗌 1	No 🗌	•	
Are you employe	d now? oplied to, or been employed	May we contac	t you at work?		
Referred by					
EDUCATION	Name, Location of School	ol # Years Attended	Diploma	Major	
High School					
College					
Trade, Business, Other School					-

## GENERAL INFORMATION Are you 18 years or older? Yes \( \square \) No \( \square \) Are you legally eligible for work in this country? Yes ☐ No☐ Do you have a valid driver's license? Yes No No If No, Do you have reliable transportation? Yes No Are you able to meet the attendance requirements of the job? Yes \( \square\) No \( \square\) Have you been convicted of a crime, excluding misdemeanors or traffic violations, in the last 7 years? Yes \sum No \subseteq If yes, please explain (A "Yes" answer does not automatically disqualify you from employment, because the nature of the offense, date, and type of job for which you are applying will be considered.) FORMER EMPLOYERS (List below your last three employers, starting with the last one first.) \*Must be completed even if accompanied by a resume Date (Month & Name of Phone of Reason for Position Supervisor Year) **Employer Employer** Leaving From To From To From To We will be contacting former supervisors as references. May we contact your current employer? Yes \( \Boxed{\text{No}} \) No \( \Boxed{\text{No}} \) If there is someone other than your supervisor you prefer we talk to, please list his/her name and phone: Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_ Name Which of these jobs did you like best? What did you like most about the job? Special skills \_\_\_\_\_ Any accomplishments or other information you would like considered I certify that all of the information submitted by me on this application is true and complete, and I understand that if any false information, omission, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I also understand that the company is a "drug free" workplace and that I will be required to undergo drug testing before being hired. In consideration of my employment, I agree to conform to the company's policies and procedures, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment, including number of hours and schedule of hours, may be changed, with or without cause, and with or without notice at any time by the company.

(Date)

(Signature)