



904 S. TYLER ST. COVINGTON, LA 70433 985-893-1616

APPLICATION FOR EMPLOYMENT

(Please print clearly)

An Equal Opportunity Employer

Our practice does not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, disability, or any other status protected by applicable law or regulation. It is our intent that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Date _____

Name _____
Last First Middle

Address _____
Street City State Zip

Phone _____ Email Address _____

Position applied for _____

Employment you are seeking Full Time Part Time Specify days/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? _____

Are there any other work experiences, skills, or qualifications that you feel would especially qualify you for employment here? Please add any additional comments you think are important for us to consider. Use an additional sheet of paper if necessary.

If hired, can you furnish proof you are eligible to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

(A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.)

If yes, please explain _____

Have you ever applied here? Yes No

If yes, when? _____

Have you ever worked for an entity under a different name? Yes No

If yes, give name _____

If you are applying for a position with minimum age requirements, you may be required to submit proof of age.

For jobs with minimum age requirements: Are you 18 years of age or older? Yes No

Do you have a valid driver's license? Yes No

Driver's license number _____ State _____

Has your driver's license been revoked or suspended in the last 3 years? Yes No

Personal References *(not former employees or relatives)*

Name	Address	Phone

Education Record

Name of School	Years Completed	Grade Average
High School		
College/University	Degree awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical College/Other	Registered Veterinary Technician? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List any special honors, recognitions, awards		

Relevant Special Interests/Organizations

(Do not include any labor organization, or memberships that reveal race, age, sex, age, veteran status, protected disability, or other status)

Name or Description of Organization	Active participation		Offices held
	From	To	

Work History

(Beginning with the most recent, list all past employers, including any pertinent military experience. If self-employed, provide the business name and business references. A job offer may be contingent upon acceptable references.)

Name of company	Address, City, State	Phone
Type of Business	Immediate Supervisor	Dates Employed From To
Exact Job Title	Earning At Hire At Termination	Reason for Termination
Description of Duties		

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Certification

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in the application and also authorize any person, school, current employer (except as previously noted), past employers, organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass an alcohol/drug screening exam: I hereby consent to a pre- and/or post-employment drug screen as a condition of employment. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. **I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS, BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT OR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY PRACTICE MANAGER OR OWNER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY SUCH PERSON AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature

Date

