

**Paws Animal Hospital
226B CR 162
Oxford, MS 38655**

We are an Equal Opportunity Employer

All qualified applicants are considered regardless of race, religion, color, age, sex. Marital status, nationality, veteran status or non-disqualifying disability.

Date: _____

1. **Position applied for** _____

2. **Full Legal Name**
LAST _____ FIRST _____ MI _____ MAIDEN _____

3. **Address**

CITY _____ STATE _____ ZIP _____

4. **Phone** Home: (_____) _____ - _____ Other (_____) _____ - _____

Email: _____

5. **Education** **Highest Grade Completed:** _____

Post High School 1. _____
Name of College/University _____ Status or Degree _____

Post High School 2. _____
Name of College/University _____ Status or Degree _____

Certifications

Proficiencies / Skills

6. **Reference 1**
Previous Employers Only
No Personal References

Last Name _____ First Name _____

Relationship _____ Phone Number _____

Address _____ City, State and Zip _____

7. **Reference 2**
Previous Employers Only
No Personal References

Last Name _____ First Name _____

Relationship _____ Phone Number _____

Address _____ City, State and Zip _____

8. **Work Experience:** List jobs beginning with your present or most recent employer.

Employer			Duties:
Job Title			
Address			
Phone			
Tenure Years	Hire Date	Leave Date	Reason for Leaving:
Salary Start		Salary End	

Employer			Duties:
Job Title			
Address			
Phone			
Tenure Years	Hire Date	Leave Date	Reason for Leaving:
Salary Start		Salary End	

Employer			Duties:
Job Title			
Address			
Phone			
Tenure Years	Hire Date	Leave Date	Reason for Leaving:
Salary Start		Salary End	

11. MISCELLANEOUS

- a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift _____
hours _____
- b. Check which job status you would accept: Full-time Part-time
(specify) _____
- c. Check which employment status you would accept: Salaried (benefits) Hourly Full -Time Part-time
- d. Are you willing to accept employment which requires you to travel? No Yes If yes, During the day only,
 Occasionally overnight, Frequently overnight.
- e. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- f. Are you willing to provide your own transportation if necessary for your employment? Yes No
- j. Have you ever been convicted for any violation(s) of law, including moving traffic violations? Yes No If YES, please provide the following:
Description of offense: _____

Statute or ordinance(if known): _____ Date of Charge: _____; Date of Conviction _____

County, City, State of _____, _____,
Conviction: _____
(For additional convictions use plain paper. Include all information listed above.)

12. Do you agree to consent to random drug testing? Y ____ N ____

13. Where did you hear about Paws Animal Hospital?

14. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

Available Date _____

CERTIFICATION

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in Paws Animal Hospital. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date: _____ Signature: _____