

Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date of Interview (Month/Day/Year):

/ /

Applicant Data

How were you referred to us:

Position Applied for:

Full Name:

Address:

City:

State:

Zip:

Phone:

Mobile/Pager/Other:

E-mail:

Date Available to Start:

Social Security Number:

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Salary Requirements:

If you are under 18 years of age, can you provide a work permit? Yes No If no, please explain:

Have you ever worked for this company? Yes No If yes, when?

Are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes, give dates and details:

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number (if applicable to position):

State:

Education History

Name & Location of High School:

Did you graduate?

Name & Location of College:

Years attended:

Degrees completed:

Other Subjects Studied:

Trade, Business or Correspondence School:

Years attended:

Subjects Studied:

Did you graduate:

Summarize Your Special Skills or Qualifications

Previous Employment (begin with most recent position)

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: _____ Date: _____

This application for employment is sold only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

At Collierville Pet Hospital/Lakeland Pet Hospital we maintain a Tennessee Drug Free Workplace

All potential employees will be drug tested prior to employment and also be subject to random drug tests as directed if hired.

Also done prior to employment we will conduct a criminal background check.

Please sign below acknowledging that you have read and understand the above information. Please make sure to return this sheet with your application.

Applicant's signature & Date

At-Will Employment Notice

You are an at-will employee, and nothing in our employee manual or policies shall constitute a contract guaranteeing employment or compensation for any specific period of time.

At-Will Employment Notice

As an at-will employee, you or Collierville Pet Hospital/Lakeland Pet Hospital can terminate your employment at any time with or without cause, reason, and/or notice. Nothing contained in our employee handbook, employee manual, policy manual, guidelines, etc, or any workplace policy or rule of Collierville Pet Hospital/Lakeland Pet Hospital and no verbal statements or promises made by employees or agents of Collierville Pet Hospital/Lakeland Pet Hospital shall alter the at-will employment relationship between you and Collierville Pet Hospital/Lakeland Pet Hospital or restrict the option of you or Collierville Pet Hospital/Lakeland Pet Hospital to terminate the employment relationship.

Other Agreements Restricted

Furthermore, no manager, supervisor, or other organization representative or agent, including any representative or agent with hiring authority, other than the President and the Vice-President, has the authority to enter into any agreement or contract for employment for any specified duration or to make any agreement, promise, guarantee or commitment that contradicts the above.

Any agreement that contradicts your at-will status must be entered into by the President and Vice-President, and will not be enforceable unless it is in writing and signed by you and by the President and the Vice-President. The agreement must specifically state that the at-will relationship between you and Collierville Pet Hospital/Lakeland Pet Hospital has changed and a new standard is to be applied.

Questions About This Notice

If you have questions, suggestions or concerns about this notice, you should direct them to the owner of Collierville Pet Hospital/Lakeland Pet Hospital.