

Application for Employment



Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Name _____ Social Security # _____

Last First Middle

Address _____

Street City State Zip Code

Telephone # (____) _____ Mobile/Beeper/Other # (____) _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

If **no**, please explain: _____

Have you ever been employed here before? If **yes**, give dates and positions: _____ Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work/____/____ What is your desired salary range?\$ _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential" functions" to respond

Driver's license number required if driving may be required in the job for which you are applying: _____ State _____

Answering "yes" to either of the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? Yes No

If **yes**, please provide date(s) and details: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer _____ (Telephone # _____)	Dates employed: _____ to _____
Street address _____ (City _____ State _____)	Compensation (Starting)
Starting job title/final job title _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held) _____	Commission/Bonus/Other Compensation \$ _____
Why did you leave? _____ (May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later)	Compensation (Final)
Summarize the type of work performed and job responsibilities. _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
	Commission/Bonus/Other Compensation \$ _____
Employer _____ (Telephone # _____)	Dates employed: _____ to _____
Street address _____ (City _____ State _____)	Compensation (Starting)
Starting job title/final job title _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held) _____	Commission/Bonus/Other Compensation \$ _____
Why did you leave? _____ (May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later)	Compensation (Final)
Summarize the type of work performed and job responsibilities. _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
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Employer _____ (Telephone # _____)	Dates employed: _____ to _____
Street address _____ (City _____ State _____)	Compensation (Starting)
Starting job title/final job title _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held) _____	Commission/Bonus/Other Compensation \$ _____
Why did you leave? _____ (May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later)	Compensation (Final)
Summarize the type of work performed and job responsibilities. _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
	Commission/Bonus/Other Compensation \$ _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing _____ Years: _____ E-mail _____ Years: _____
 Spreadsheet _____ Years: _____ Internet _____ Years: _____
 Presentation _____ Years: _____ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____

Authorization for Employment Reference

Employment Candidate _____

Date: _____

SSN _____

The following information will be requested of your previous employer(s) to determine if your work history will make you suited for this position. Please READ, sign, and date.

Dates Employed: From _____ To _____

Position: _____

Overall Job Duties: _____

Reason for Leaving (please circle one): Resignation Discharge* Lay-Off Other

*Please explain reason for discharge _____

Eligible for Rehire? Yes No

Please describe the candidate's performance in the following areas:

	Excellent	Satisfactory	Unsatisfactory
Attendance / Punctuality	_____	_____	_____
Effort	_____	_____	_____
Honesty / Integrity	_____	_____	_____
Overall Performance	_____	_____	_____

Remarks _____

Contact Name: _____ Contact Position _____

Did you work directly with this candidate? Yes No

If not, what was your relationship with this candidate? _____

I hereby authorize any prior employer(s), or their representative(s), to provide such information concerning my employment with them as may be requested, and will not hold them liable for providing such in the event this information results in my not being offered this position.

Candidate Signature

Date

Lovington Veterinary Clinic
PO Box 968
Lovington, NM 88260

Phone: (505) 396-5841
Fax: (505) 396-2726
web: lovingtonveterinaryclinic.com

EMPLOYEE RELEASE
DetectFraud.com

In connection with my application for employment, including contract services, I understand that a consumer report is being requested from Essential Services, Inc. I understand that this report may contain public record information concerning my driving record, credit standing, criminal record, worker's compensation claims, etc., from federal, state, and county agencies, credit bureaus, and other entities, which maintain such records.

I further understand that my past employers may be contacted to verify employment, salary, as well as educational institutions to verify attendance, degrees, and/or to obtain school transcripts. I further understand that state agencies may be contacted to verify my license/licenses. I also acknowledge that I have been provided with a Summary of my rights, as mandated under the requirements of the FCRA.

I further understand that my date of birth will be used solely for the purpose of facilitating this background check. Any information released as a result of this authorization, including the furnishing of my social security, shall be used only for the expressed purpose of processing my application for employment with you.

I authorize, without reservation, my past and current employers, to release salary and employment performance data; and any party, which includes educational institutions, government agencies, private agencies, and credit bureaus, to release the above-mentioned information to Essential Services, Inc.

My signature, as signed, attests to my consent to the release of the above-mentioned information to Essential Services, Inc.

NAME

Last _____ First _____ Middle _____

ADD: _____ City _____ State ____ ZIP _____

Social Security # _____ - _____ - _____

Driver's License # _____ State _____

Date of Birth ____ / ____ / _____

____ / ____ / ____

APPLICANT SIGNATURE

DATE

Name _____

1. Please explain why you are interested in this position. _____

2. Please list what qualities and strengths you will bring to this position and to our practice. _____

3. What are you looking for in your next job? _____
