



*Mendocino*  
**ANIMAL  
HOSPITAL**



1240 Airport Park Blvd. • Ukiah, CA 95482

**APPLICATION FOR EMPLOYMENT**

*Mendocino Animal Hospital is an equal opportunity employer. We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job related factors.*

Please complete the application by clearly printing in dark ink.

<b>JOB APPLIED FOR:</b>		<b>SOCIAL SECURITY NUMBER:</b>	
DRIVER'S LICENSE NUMBER:		STATE OF ISSUE:	
<b>NAME AND ADDRESS</b>			
NAME (LAST, FIRST, M.I.)		HOME TELEPHONE: (include area code)	
MAILING ADDRESS:		WORK TELEPHONE: (provide only one including area code)	
CITY:	STATE:	ZIP CODE:	OTHER: (include area code)
E-MAIL ADDRESS:			

<b>WORK SCHEDULE AVAILABILITY</b>		
Check only one:	Check only one:	Date you can report for work:
<input type="checkbox"/> REGULAR <input type="checkbox"/> SEASONAL/TEMP.	<input type="checkbox"/> FULL TIME <input type="checkbox"/> FULL OR PART TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> ANY	

<b>EMPLOYEE HISTORY</b>
The DEA requires us to ask these questions of every applicant.
<p>Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing any criminal offense? (Do not include traffic violations, juvenile offenses or military convictions, except by general court martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and job for which you are applying will be considered.</p> <p>If yes, please explain _____</p> <p>_____</p>

**Our Mission Statement**

To provide the highest quality health services in a compassionate environment that nurtures caring, respect and professionalism among the clients, patients and hospital staff.

## WORK HISTORY

*(Begin with the most recent. List all past employers, including any pertinent military experience)*

NAME OF COMPANY:	BUSINESS ADDRESS:	CITY:	STATE:
PHONE NUMBER: (include area code)	TYPE OF BUSINESS:	IMMEDIATE SUPERVISOR:	
DATE EMPLOYED: FROM _____ TO _____	EXACT JOB TITLE:	REASON FOR TERMINATION:	
EARNINGS AT HIRE:	EARNINGS AT TERMINATION:		
Description of duties: _____ _____			

## WORK HISTORY

*(Begin with the most recent. List all past employers, including any pertinent military experience)*

NAME OF COMPANY:	BUSINESS ADDRESS:	CITY:	STATE:
PHONE NUMBER: (INCLUDE AREA CODE)	TYPE OF BUSINESS:	IMMEDIATE SUPERVISOR:	
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EARNINGS AT HIRE:	EARNINGS AT TERMINATION:		
Description of duties: _____ _____			

## EDUCATION / TRAINING HISTORY

*(List college, military, trade, business or other schools attended)*

Do you have a high school diploma or a GED certificate? (Check one)     YES     NO

Name and Location of School, College, or University	Course of Study (List Major)	Credits Earned	Did You Graduate? (YES / NO)	Degree or Certificate Received

**REFERENCES:** *Give the names of three people not related to you, whom you have known at least one year.*

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

**IN CASE OF EMERGENCY, NOTIFY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

### CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of related employment process, whether made by me or others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution of a crime.

I certify that all statements contained herein are true and complete.

I understand that if hired, I must prove that I am legally authorized to work in the United States.

I authorize Mendocino Animal Hospital to check employment references and verify education information provided on this employment application and as disclosed in the interview process.

I authorize Mendocino Animal Hospital to check my driving record if the position for which I am applying requires driving.

I authorize Mendocino Animal Hospital to run a credit history check and criminal history background check as a condition of employment.

I release Medocino Animal Hospital and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.

I acknowledge that if I am hired, I will be considered an "AT WILL" employee.

**Print Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

*Thank You for your interest in employment with Mendocino Animal Hospital.*