



Chatham Animal Hospital

105 Oceana Place • Cary, NC 27513
919-469-8114



APPLICATION FOR EMPLOYMENT

Incomplete information could disqualify you from further consideration. Please complete all fields. A resume may be attached.

Date _____

Last Name _____ First Name _____ Middle _____

Current Address _____

City _____ State _____ Zip Code _____

Primary Phone Number _____ Alternate Phone Number _____

Email address _____

Position Applying for _____ Rate of pay desired \$ _____ per hour

Available to work: Full-Time Part Time (36 hours per week is considered Full Time)

(Our normal business hours are 7am to 6:15pm Monday - Friday and 8am to 12pm on Saturdays)

If considered, what date are you available to start? _____

Were you previously employed by this organization? YES NO If yes, when? _____

Do you have any friends or relatives (other than spouse) currently employed at Chatham Animal Hospital? YES NO

If yes, Name(s)? _____

Are you at least 18 years of age or older? YES NO (If no, you may be required to provide authorization to work.)

Are you authorized to work in the U.S. on an unrestricted basis? YES NO

Have you ever been convicted of a felony? (Convictions will not necessarily disqualify you for employment.) YES NO

If yes, explain: _____

Have you previously applied here? YES NO If yes, when? _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? YES NO

PERSONAL REFERENCES

Please give the names of three persons, not related to you, whom you have known at least three (3) years.

1. Name _____ Phone _____ Email _____ Years known _____

2. Name _____ Phone _____ Email _____ Years known _____

3. Name _____ Phone _____ Email _____ Years known _____

EDUCATION

High School (Name/location) _____ No. of yrs. Attended _____ Degree Received _____

College/University (Name/location) _____ No. of yrs. Attended _____ Degree Received _____

Trade, Business or Correspondence School _____ Degree Received _____

Please list any special skills, experience and/or training that would enhance your ability to perform the position applied for:

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent. *Incomplete information could disqualify you from further consideration.*

1.) Name of Company _____
Business Address _____
Phone Number _____
Immediate Supervisor's Name and title _____
Employed from: _____ to: _____ Starting Salary: _____ Ending Salary: _____
Job duties and responsibilities: _____

Reason for leaving _____

2.) Name of Company _____
Business Address _____
Phone Number _____
Immediate Supervisor's Name and title _____
Employed from: _____ to: _____ Starting Salary: _____ Ending Salary: _____
Job duties and responsibilities: _____

Reason for leaving _____

3.) Name of Company _____
Business Address _____
Phone Number _____
Immediate Supervisor's Name and title _____
Employed from: _____ to: _____ Starting Salary: _____ Ending Salary: _____
Job duties and responsibilities: _____

Reason for leaving _____

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, school or persons from liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me treatment from disclosing to the company any knowledge or information hereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand that the company may require drug testing and refusal to take or positive results may result in termination. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck(s) all monies due and owing to the company.

Signature _____ Date _____