

# APPLICATION FOR EMPLOYMENT: Print and Fax or send in:

Center-Sinai Animal Hospital □ 10737 Venice Blvd. □ Los Angeles, CA 90034 □ T: 310.559.3770 □ F:310.559.9447

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**PLEASE PRINT**

Position applied for:	Date of application:
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How did you learn about us:

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address      Number      Street      City      State      Zip Code

Telephone Number(s) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

If you are under the age of 18 years, can you provide required proof of your eligibility to work?       Yes     No

Have you ever filed an application with us before?       Yes     No  
 If yes, give date \_\_\_\_\_

Have you ever been employed with us before?       Yes     No  
 If yes, give date \_\_\_\_\_

Are you currently employed?       Yes     No

May we contact your present employer?       Yes     No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration status?       Yes     No  
*Proof of citizenship or immigration status will be required upon employment*

On what date will you be available for work? \_\_\_\_\_

Are you available to work  Full Time     Part-time     Shift Work     Temporary

Are you currently on "lay off" status and subject to recall?       Yes     No

Can you travel if the job requires it?       Yes     No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

NAME:

POSITION:

DATE:

/ /

## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
<b>Elementary School</b>				
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military:

# Employment Experience

Start with you present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>1</b>	<b>Employer</b>		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for leaving					
<b>2</b>	<b>Employer</b>		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for leaving					
<b>3</b>	<b>Employer</b>		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for leaving					
<b>4</b>	<b>Employer</b>		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*


## Additional Information

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

### Specialized Skills    Check Skills/Equipment Operated

<u>  </u> CRT	<u>  </u> Excel	Veterinary-related equipment/skills	Other skills (list)
<u>  </u> PC	<u>  </u> Lotus 1-2-3		
<u>  </u> Calculator	<u>  </u> PBX System		
<u>  </u> Typewriter	<u>  </u> Word Perfect		
<u>  </u> FAX	<u>  </u> Word		

State any additional information you feel may be helpful to us in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.               Yes       No

## References

1.	(Name)	Phone #
	(Address)	
2.	(Name)	Phone #
	(Address)	
3.	(Name)	Phone #
	(Address)	
4.	(Name)	Phone #
	(Address)	

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview \_\_\_ Yes \_\_\_ No

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE

Employed \_\_\_ Yes \_\_\_ No

Date of Employment \_\_\_\_\_

Job title: \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
NAME AND TITLE

\_\_\_\_\_  
DATE

NOTES \_\_\_\_\_