

Complete all pages. Attach additional pages if you need more space.

Employment Application

Received by:

All applicants are given equal consideration for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other status or orientation protected under applicable state, federal, or local law. Reasonable accommodation for the application process is available for applicants with disabilities.

This application will be kept on file for one month. Should you wish to be considered for employment after that time, please complete a new application. Date Name __ Middle Present address _____ Number Street Social Security No. _____ - ____ How long at present address _____ Telephone (_____) If under 18, please list your age _____ Days/hours available to work Position applied for: (1) No pref _____ Thur ____ Mon _____ Fri ____ Tue ___ Sat ____ Wed ___ Sun ____ Salary desired: (2) (Be specific.) How many hours can you work weekly? ____ Can you work overtime? ____ Can you work nights? ☐ Full-time only ☐ Part-time only ☐ Full-time or part-time Employment desired Have you ever applied for employment here before? When? When can you start work? Can you, after employment, provide proof of eligibility or authorization to work in the United States? Proof of legal authorization to work in the United States will be required upon employment. Have you used any other names (for example, maiden name)? If so, please provide: ___ Can you perform the job functions required by the position for which you are applying? Is there anything that prevents your dependable and timely attendance at work? _ Type of School Name and Address of School Years **Major and Degree** Completed High School College Bus. or Trade School Professional School Have you ever been convicted of any crime other than a traffic offense? ☐ No □ Yes

1 contact@vgpvet.com

Answering "Yes" does not automatically disqualify you for consideration.

If "Yes," please provide details.



Do you have a driver's license? ☐ Yes	□ No					
What is your means of transportation to work	?					
Driver's license number	State of issue _	Expiration date				
DO YOU CONSENT TO A BACKGROUND CHECK (INCLUDING CRIMINAL HISTORY AND CREDIT REPORTS)? You will be required to review and sign additional forms if a background check is required.						
Please list two references other than relatives	s.					
Name		Name				
Position		Position				
Company		Company				
Address		Address				
Years known		Years known				
Telephone ()		Telephone ()				



Work
Experience
Please list your work experience for the past five years beginning with your most recent job held.
Attach additional sheets if necessary. Please complete even if you are providing a resume.

Name of employer	Name of last supervisor	Employment dates	Pay or salary	
Address				
City, state, zip code		From	Start	
Phone number		То	Final	
	Your last job title			
Reason for leaving (be specific):				
List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company.				
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, state, zip code		From	Start	
Phone number		То	Final	
	Your last job title			
Reason for leaving (be specific):				
List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company.				



Name of employer	Name of last supervisor	Employment dates	Pay or salary	
Address				
City, state, zip code		From	Start	
Phone number		То	Final	
	Your last job title			
Reason for leaving (be specific):				
List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company.				
Name of employer	Name of last supervisor	Employment dates	Pay or salary	
Address				
City, state, zip code		From	Start	
Phone number		То	Final	
	Your last job title	l	L	
Reason for leaving (be specific):				
List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company.				
May we contact your present employer? ☐ Yes ☐ No				
Have you ever been terminated or asked to resign? ☐ Yes ☐ No				
If yes, please provide details:				
How did you learn about the position for which you are applying	g?			



PLEASE READ CAREFULLY.

APPLICANT STATEMENT

I certify that all information I have provided in this application is true and complete. I certify that any other documents and information that I have provided or will provide to the Company during the application process are true and correct. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any and all statements contained in this application, and authorize the Company to contact the persons and entities named in this application in order to provide any relevant information that, in the Company's discretion, may be useful in the Company's hiring decisions. I further authorize the persons and entities named in this application to respond fully and openly to Company's inquiries. I release the Company and these persons and entities from all liability concerning such inquiries or the response to such inquiries.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing, as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report, including information as to my credit records, character, general reputation, personal characteristics, and mode of living, and I agree to sign and complete all disclosures, authorizations, and releases necessary to allow the Company to make such request.

I understand that this application or subsequent employment does not create a contract of employment for any definite period of time. If I am employed by the Company as a result of this process, I understand that I have been hired at the will of the Company and that my employment may be terminated by me or by the Company at any time, with or without case and with or without notice. I understand and agree that no promises of continued employment for any specified periods of time are binding or enforceable unless made in writing and signed by me and the authorized representative of the Company.

	Name of applicant (please print)	
Signature of applicant Date:	Signature of applicant	Date:

Thank you for completing this application and for your interest in our business.