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APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME): _____
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP): _____
PERMANENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP): _____
TELEPHONE NUMBER: (_____) _____ REFERRED BY: _____
SOCIAL SECURITY NUMBER: _____ -- _____ -- _____ DATE: _____

EMPLOYMENT DESIRED

DESIRED POSITION(S): _____ AVAILABLE START DATE: _____
ARE YOU EMPLOYED AT THIS TIME? YES NO IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO
HAVE YOU EVERY APPLIED TO OUR HOSPITAL BEFORE? YES NO DATES: _____
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO STARTING SALARY DESIRED: \$ _____ PER HOUR

EDUCATIONAL HISTORY

HIGH SCHOOL:

NAME & LOCATION OF INSTITUTION: _____ YEARS ATTENDED: _____
DID YOU GRADUATE: YES NO DATE: _____

COLLEGE:

NAME & LOCATION OF INSTITUTION: _____ YEARS ATTENDED: _____
DID YOU GRADUATE: YES NO MAJOR: _____ DATE: _____

TRADE, BUSINESS OR CORRESPONDENCE SCHOOL:

NAME & LOCATION OF INSTITUTION: _____ YEARS ATTENDED: _____
DID YOU GRADUATE: YES NO MAJOR: _____ DATE: _____

VETERINARY SPECIFIC INFORMATION

ARE YOU AN RVT? YES NO LICENSED IN CALIFORNIA? YES NO YEARS OF EXPERIENCE: _____
NAME OF RVT SCHOOL: _____ GRADUATION DATE: _____
IF YOU ARE AN AHT, HOW MANY YEARS OF EXPERIENCE DO YOU HAVE? _____ YEARS
VETERINARY SKILLS: _____
SPECIAL TRAINING: _____
SPECIAL SKILLS: _____

EMPLOYMENT HISTORY

LIST YOUR LAST THREE EMPLOYERS STARTING WITH THE MOST RECENT

EMPLOYER/COMPANY NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (_____) _____ CAN WE CONTACT YOUR EMPLOYER: YES NO

POSITION: _____ EMPLOYED: FULL-TIME PART-TIME

TIME EMPLOYED: FROM (MONTH AND YEAR): _____ TO (MONTH AND YEAR): _____

SALARY: \$ _____ HOURLY WEEKLY MONTHLY REASON FOR LEAVING: _____

EMPLOYER/COMPANY NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (_____) _____ CAN WE CONTACT YOUR EMPLOYER: YES NO

POSITION: _____ EMPLOYED: FULL-TIME PART-TIME

TIME EMPLOYED: FROM (MONTH AND YEAR): _____ TO (MONTH AND YEAR): _____

SALARY: \$ _____ HOURLY WEEKLY MONTHLY REASON FOR LEAVING: _____

EMPLOYER/COMPANY NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (_____) _____ CAN WE CONTACT YOUR EMPLOYER: YES NO

POSITION: _____ EMPLOYED: FULL-TIME PART-TIME

TIME EMPLOYED: FROM (MONTH AND YEAR): _____ TO (MONTH AND YEAR): _____

SALARY: \$ _____ HOURLY WEEKLY MONTHLY REASON FOR LEAVING: _____

REFERENCES

LIST THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME OF REFERENCE ONE: _____

ADDRESS: _____

BUSINESS: _____ RELATIONSHIP: _____ YEARS KNOWN: _____

NAME OF REFERENCE TWO: _____

ADDRESS: _____

BUSINESS: _____ RELATIONSHIP: _____ YEARS KNOWN: _____

NAME OF REFERENCE THREE: _____

ADDRESS: _____

BUSINESS: _____ RELATIONSHIP: _____ YEARS KNOWN: _____

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsification of information on this application shall be grounds for immediate termination.

I authorize investigation of all information herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

SIGNATURE: _____

DATE: _____