



LOOMIS BASIN EQUINE MEDICAL CENTER

Employment Application

Applicant Information

Full Name: _____ Date: _____
 Last *First* *M.I.*

Address: _____
 Street Address

 City *State* *ZIP Code*

Phone: () _____ E-mail Address: _____

Cell Ph: () _____ Social Security No.: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO If yes, explain: _____

(Note: No applicant will be denied employment solely on grounds on conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Employment Desired

Position applying for: _____

Are you applying for: Full Time: _____ Part Time: _____ Temporary: _____

Days & Hours Available to Work: _____

If applying for temporary work, during what period? _____

Date Available: _____ Desired Salary: \$ _____

Education

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Studies: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work in our practice? If so, please explain:

Are you licensed/certified for the position applying for? _____ Name of license/certification: _____ Issuing State & #: _____

Has your license/certification ever been revoked or suspended? _____ If yes, state reason(s) date of revocation or suspension and date of reinstatement: _____

References

Please list two persons not related to you who have knowledge of your work performance or personal characteristics or qualities:

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____ Years Acquainted: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____ Years Acquainted: _____

Previous Employment for the past 10 years - Present to Past

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

Please read carefully & sign below acknowledging your understanding of the entire contents of this application.

I certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of fact on this application or on any document used to secure employment with the practice shall be grounds for rejection of this application or for immediate discharge if I am employed – regardless of the time elapsed before discovery.

I authorize my current or previous employers, schools or persons named as references to give any information regarding employment or educational record – without first giving me prior notice of such disclosure.

I give further authorization for a background investigation & drug screening to be conducted prior to being employed and/or at any time during the term of my employment. Inquires may be made through any investigative, credit reporting or law enforcement agencies or bureaus. All inquiries shall be conducted in compliance with applicable federal, state and local laws.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

Signature: _____ Date: _____