



TO APPLICANT: We appreciate your interest in Hayfield Animal Hospital and assure you that we are interested in your qualifications. A clear and full understanding of your background and work history will aid us in placing you in a position that best meets your qualifications. Applicants will be considered without discrimination because of race, color, sex, age, religion, national origin, disability, veteran's status, or any other category protected by applicable law.

Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.

Position Applied for _____ Social Security Number _____

Name _____ Telephone Number (____) _____

Present Address (Street, Apt. or Unit No.) _____

City / State / Zip _____ How Long Here? _____

Are you legally eligible for employment in the United States YES NO

Desired Salary: _____ When are available to start: _____ What Shift: _____

Are you currently Employed: _____ If so may we inquire you present Employer? _____

Have you ever applied to this company before? _____ Where? _____ When? _____

Referred by: _____

Have you ever been convicted of a crime other than a traffic offense, had adjudication of a crime withheld, pled nolo contendere, or are currently being charged for a crime not yet adjudicated? YES NO

If Yes, state the nature of the offense and the date the event took place. (Answering yes will not necessarily be a bar to employment. Each action/explanation will be weighed/considered in relation to the position for which you are applying.)

Education	School Name and Location	Course of Study	Number of Yrs. Attended	Graduate?	Degree/ Diploma
Grammar School					
High School					
College					
Bus./Tech/ Trade					

List your computer, foreign language skills and work experience which you feel qualifies you for the job for which you are applying: _____

Special Skills: _____

Activities: _____

U.S Military or Naval Service: _____ Rank: _____

Present Member in National Guard or Reserves: _____

Name & Address of Company (*Describe business type*) _____ Dates Employed: _____
 _____ From _____ To _____
 _____ Job Title _____
 Phone (_____) _____ Compensation: _____
Supervisor's Name _____ Start _____ Last _____
 Reason Left _____
 Duties _____

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Name & Address of Company (*Describe business type*) _____ Dates Employed: _____
 _____ From _____ To _____
 _____ Job Title _____
 Phone (_____) _____ Compensation: _____
Supervisor's Name _____ Start _____ Last _____
 Reason Left _____
 Duties _____

Which of these jobs did you like best? _____

Please give names of three persons not related to you. Working references preferred but not required.

Name	Address and Phone Number	Business	Relation	Years Known

I certify that all the information on this application, my resume, and all supporting documents is correct, and I understand that any misrepresentation or omission of any information may result in disqualification from consideration for employment or, if employed, my termination.

I understand that this application is not a contract, offer or promise of employment. If hired, I will be able to resign at any time for any reason. Likewise, my employment can be terminated at any time, with or without any reason. I further understand that if hired, my employment is at will.

I understand that may now have, or may establish, a drug-free workplace or a post-accident drug-testing program. If HAH has one now or implements one in the future, and I am offered a conditional offer of employment, I agree to work under the conditions requiring a drug-free workplace. I also understand and agree that I may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol and/or drugs as a condition of continued at-will employment, and following any work-related injury. Refusal to take such tests when asked may result in termination.

This application is current for only sixty (60) days. At the conclusion of this time, if you have not heard from the Employer and still wish to be considered for employment, it will be necessary for you to complete a new application.

Applicant Signature _____

Date _____