

Personal

Date: _____

Name (last, first) _____

Present address _____

City, State, Zip _____

Telephone no. _____

Email address: _____

Position applying for: _____ Rate of Pay expected: _____

Would you work: Full-time Part-time Specify days & hours available: _____

Have you ever been employed or applied at SouthCare? _____

If your application is considered favorably, when would you be available to start? _____

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here? Please add any additional comments you think are important for us to consider. _____

Hobbies/Recreation interests: _____

Are you 18 years of age or older?..... yes no

Do you have a valid driver's license? yes no

Driver's license number: _____ State _____

Have you have your driver's license revoked or suspended in the last 3 yrs?..... yes no

If hired, can you furnish proof you are eligible to work in the U.S.? yes no

References:

Name and occupation	Address	Phone number
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1. _____

2. _____

3. _____

Memberships in Professional or Civic Organizations (do not include racial, religious, or nationality groups)

Name/description of Organization	Dates of Active Participation	Offices held
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Education Record

High School: _____

College or University: _____

Business/Trade/Correspondence School: _____

Other: _____

Are you a licensed technician? yes no If yes, with what state(s)? _____

Computer experience: _____

Other office machines/equipment you know how to operate: _____

Work History

(Begin with most recent, list all past employers. Fill in any information not included in your submitted resume.)

Name of Company	Address, City, State	Phone no.
Type of business	Immediate Supervisor	Dates employed
Exact job title	Earnings at hire/at termination	Reason for leaving
Description of duties		

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Affidavit

I certify that all information I have provided in this application is true and complete. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

Are you a U.S. citizen or do you have a legal right and necessary documents to work in the U.S.? Yes _____ No _____
(Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986).

Were you ever discharged by any company? Yes _____ No _____
 If so, give the name(s) of company or companies: _____
 Reason for discharge? _____

Please read carefully

I fully understand that the hospital may procure a consumer report pursuant to the authorization that I have provided in a separate page in this application packet "FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION," which I have carefully read and agreed to sign in connection with the processing of this employment application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I also understand that I am required to abide by all policies, rules and regulations of the hospital. I understand and agree that if I am employed, the employment will be "at will." That is, either I or the hospital may end the employment relationship at any time, for any reason, or for no reason. I understand that the receipt of this application by the hospital does not imply employment and that this application and/or any other hospital documents are not offers of employment.

Applicant's signature _____ Date signed _____

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

Disclosure

As an applicant for employment or a current employee of SouthCare Animal Medical Center (“SouthCare”), you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, SouthCare may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you: (1) when considering your application for employment, (2) when making a decision whether to offer you employment, (3) when deciding whether to continue your employment (if you are hired), or (4) when making other employment-related decisions directly affecting you.

For explanation purposes, a “consumer reporting agency” is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer credit information or other information on consumers for the purpose of furnishing consumer reports to other, such as SouthCare Animal Medical Center.

A “consumer report” means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be use or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An “investigative consumer report” means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, associates or others with whom you are acquainted or who may have knowledge concerning any such items of information.

An investigative consumer report may be requested by the employer. You may request, in writing an within a reasonable time, additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

Authorization

By signing below, I, _____, hereby voluntarily authorize SouthCare Animal Medical Center to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at SouthCare Animal Medical Center. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Signature

Date