



# West Loop Veterinary Care

## Application for Employment

An Equal Opportunity Employer and Drug Free Workplace

**Personal Information** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (Last Name, First)		Social Security No.	
Present Address	City	State	Zip Code
Phone No.		Referred By	

**Employment Desired** \_\_\_\_\_

Position	Date you can start?	Salary Desired?
Are you Employed Now? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you applied to WLVC before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where	When
Have you worked for WLVC before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where	When
How did you hear about us? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Online Ad <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____		

**Education History** \_\_\_\_\_

	Name & Location	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade or Technical School				

**Availability** \_\_\_\_\_

	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Employment History** \_\_\_\_\_

<b>(Please list most recent first)</b>		
1. Name & Address	Title	Date (Start)
Supervisor's Name	Reason for leaving:	Date (End)
2. Name & Address	Title	Date (Start)
Supervisor's Name	Reason for leaving:	Date (End)
3. Name & Address	Title	Date (Start)
Supervisor's Name	Reason for leaving:	Date (End)

**References** \_\_\_\_\_

Full Name	Company	Phone Number	Relationship	Years Known

- I affirm that the information provided on this application or in connection with the processing of this application (and any resume or other accompanying documents) is true and complete to the best of my knowledge. I understand that false statements, omissions, or misleading information made on or in connection with my application and accompanying documents, regardless of when discovered, may result in refusal to hire, or dismissal, if employed. I further certify that I am the person who has completed and signed this application.
- I will advise the company of any possible restrictions on employment, including but not limited to noncompetition, nonsolicitation and confidentially covenants or agreements. I will use my best efforts to provide the company with copies of these restrictions during the application process. I understand that failure that failure to disclose any such restrictions, either intentionally or unintentionally, may immediately disqualify me from consideration for employment, or from continued employment if hired.
- I authorize the investigation of all statements contained in this application (and any resume or other accompanying documents) as may be necessary in arriving at an employment decision.
- WLVC is committed to maintaining a safe and productive workplace, and therefore, requires pre-employment drug screening. This is a condition of employment and all employment offers are contingent on passing the drug screen.
- WLVC is an equal opportunity employer and does not discriminate in employment because of race, color, religion, national origin, sex, ancestry, citizenship, marital status, sexual orientation, age, disability, unfavorable military discharge or any other legally protected status.
- If employed, I agree to abide by the rules and regulations of the company. I understand that the company has the right to change its rules and regulations without prior notice to its employees.
- I understand that this application does not create an offer of employment.
- I understand that, absent a written contract signed by Dr. David Gonsky, all WLVC employees are employed on an at-will basis, which means that employees are not hired for a fixed term and can be terminated at anytime, with or without cause by either the employee or the Company.
- This application will remain active for only sixty (60) days. If I have not heard from the company after sixty (60) days and I still wish to be considered for employment, I understand that I will need to fill out and submit a new employment application.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**