

*As a condition of employment consideration, every section of this application must be fully completed.
 Resumes, while welcome, may not be submitted in lieu of entirely completing this application. Please print clearly.*

DATE: _____

APPLICANT INFORMATION

Last Name:	First Name:	Middle Name:	Nick Name:
Address (include apt/unit#):		City:	State, Zip:
Email Address:		Primary Phone:	Secondary Phone:

- Are you at least 18 years of age? YES NO
- If hired, can you provide proof of your legal right to work in the United States within 72 hours of your start date? YES NO
- If hired, would you have reliable means of transportation to and from work? YES NO
- How did you find out about this position with Coastal Animal Hospital?

Coastal Animal Hospital complies with the Americans with Disabilities Act (ADA) and considers reasonable accommodation measures that may be necessary for eligible applicants and/or employees to perform essential position functions.

EMPLOYMENT INTERESTS

Position desired:	Start date desired:	Employment type: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/>
Schedule availability: Weekdays: Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Weekends: Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>		Shift availability: Location: Encinitas <input type="checkbox"/> Carlsbad <input type="checkbox"/> Shifts: Mornings <input type="checkbox"/> Evenings <input type="checkbox"/>
Salary desired:	Other financial considerations desired:	

Please list any conflicts/obligations/limitations that may restrict your schedule availability:

EDUCATION

	School Name:	Degree:
High School/GED:	_____	_____
Undergraduate College:	_____	_____
Graduate College:	_____	_____
Professional Trade/Business/Other:	_____	_____

Please describe any other training, skills, certification(s) or license you feel is important regarding your potential employment with Coastal Animal Hospital: _____

EMPLOYMENT HISTORY

Most recent (or current) employer

Name of company:	Telephone:
Street Address:	City, State, Zip
Dates of employment (month and year):	Position title:
Immediate supervisor:	If still employed, may we contact our current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
Exact reason for leaving:	

Second previous employer

Name of company:	Telephone:
Street Address:	City, State, Zip
Dates of employment (month and year):	Position title:

Immediate supervisor:	May we verify this employment? YES <input type="checkbox"/> NO <input type="checkbox"/>
Exact reason for leaving:	

Third previous employer

Name of company:	Telephone:
Street Address:	City, State, Zip
Dates of employment (month and year):	Position title:
Immediate supervisor:	May we verify this employment? YES <input type="checkbox"/> NO <input type="checkbox"/>
Exact reason for leaving:	

Fourth previous employer

Name of company:	Telephone:
Street Address:	City, State, Zip
Dates of employment (month and year):	Position title:
Immediate supervisor:	May we verify this employment? YES <input type="checkbox"/> NO <input type="checkbox"/>
Exact reason for leaving:	



Please explain any gaps in your employment history: _____

PREVIOUS EMPLOYMENT INFORMATION

Have you ever been terminated or asked to resign from a position? YES NO

If yes, please state the circumstance(s): _____

PROFESSIONAL REFERENCES

Name	Occupation	Relationship	Phone

CALIFORNIA "AT-WILL" EMPLOYMENT AGREEMENT

I acknowledge that if I am employed by Coastal Animal Hospital, both Coastal Animal Hospital and I will have the right to terminate my employment at any time, with or without cause, with or without advance notice. This "at-will" employment relationship shall remain in effect throughout my employment by Coastal Animal Hospital and may not be modified by any oral or implied agreement. Furthermore, the "at-will" nature of my employment may not be modified by any oral or written statement(s), including performance evaluations, salary increases, bonuses, promotions, or by the length of employment. I understand only a written contract signed by the owner of Coastal Animal Hospital, and myself, can alter this California "at-will" Employment Agreement.

ACKNOWLEDGMENT

I have read and understand Coastal Animal Hospital's California "At-Will" Employment Agreement and Background Release. In signing below, I hereby acknowledge and/or agree to all conditions set forth. I recognize that my failure to acknowledge having read and understood the information provided may result in my disqualification for employment.

I agree that if I am not hired by Coastal Animal Hospital, or do not accept a position offered by Coastal Animal Hospital, I will not disclose confidential information learned during the interview process.

CERTIFICATION

I certify that all statements on this application are true and complete to the best of my knowledge. I have read and understand everything contained in this application, including the at-will employment provision set forth. I understand that false or incomplete statements shall be sufficient cause for disqualification or dismissal.

Applicant's Signature

Date

In order to verify educational records and previous employment, please indicate any other name(s) you have used:

1. _____ 2. _____