

*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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVID-19 SAFETY MEASURES**

Coastal Animal Hospital requires that potential employees be fully vaccinated against COVID-19. Any potential job offer will be contingent on providing proof of vaccination status.

If hired, are you willing and able to provide proof of COVID-19 vaccination? YES  NO

**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 immediate 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. \_\_\_\_\_