SUNSET CLIFFS ANIMAL HOSPITAL 4862 Santa Monica Ave San Diego, CA.92107

APPLICATION FOR EMPLOYMENT

What position are you applying for	:?	Date	
First Name	Last Name		Middle
Address		City/State	Zip
Daytime phone	Evening pho	one	
Can you submit verification of you	ır legal right to work in	the United States	?
Work permit, type of verification_			
Are you 18 years of age or older?			
If you are under 18, can you prove	required proof of eligib	oility to work?	YESNO
Check time willing to work: Days_	Evenings	Weekends	
	Part-time	Full-time	
How many hours a week are you w	villing to work?		
If offered employment, when can y	ou start?		
Salary requirement	Fringe Benefit	requirements	
Can your future vacations be arranged Explain, if no	ged at office conveniend	ce? YES	NO
Have you ever been convicted of a Explain, if yes(A conviction will not necessarily leads to be a convicted of a conviction will not necessarily leads to be a convicted of a convic			
(A conviction will not necessarily l	be a bar to employment)	

EDUCATION HISTORY

High School Attended				
Location		Last grade completed		
College or Trade Scho	ol			
Major	Degree	Dates Attended		
College or Trade Scho	ol			
Major	Degree	Dates Attended		
	<u>CERTIFICAT</u>	ES/LICENSES		
Certificate or License_				
Licensee#	State Issue	edDate earned		
Certificate or License_				
Licensee#	State Issue	edDate earned		
Are all certifications co	urrent? YESNO			
	EMPLOYME	NT HISTORY		
		ast 7 years, including periods of self-employment, SUBSITUTE WITH RESUME.		
Name of employer				
Supervisor's name		Title		
Address		Phone #		

Your position		
Describe major duties of position		
Employed from/to:	Salary or wages beginning/final:	
May we contact this employer? YES	NO	
If no, explain		
Name of employer		
	Title	
Address	Phone #	
Your position		
Employed from/to:	Salary or wages beginning/final:	
May we contact this employer? YES	NO	
If no, explain		
Reason for leaving		
Name of employer		
Supervisor's name	Title	
Address	Phone #	

Your position	
Describe major duties of position	
Employed from/to:	Salary or wages beginning/final:
May we contact this employer? YES	NO
If no, explain	
Reason for leaving	
Name of employer	
Supervisor's name	Title
Address	Phone #
Your position_	
Employed from/to:	Salary or wages beginning/final:
May we contact this employer? YES	NO
If no, explain	
Reason for leaving	

<u>CHARACTER REFERENCES</u> Other than relatives and past employers

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
General Agreement I understand that any misrep application may result in my I understand that all offers of States. In consideration of a Cliffs Animal Hospital, as a Authorization to check refer I hereby certify that the informy knowledge and I agree to I authorize the references list any and all information concert they may have. Further, I remay result from furnishing the employer or any of its again At-Will employment relation I agree that my employment at any time, either at my optorepresentative of the practice employment for any specific Further, the owners of the pit is done specifically and in Outside Employment For the safety and health of animals or work with agence limited to personal home for businesses and adoption condiseases or illnesses that mate Sunset Cliffs Animal Hospitalian in Sunset Cliffs Animal Hospitalian in Sunset Cliffs Animal Hospitalian in the safety and	presentation, falsification, or material omity failure to receive an offer or, if I am hird of employment are conditioned on my legary employment, I agree to conform to the mended from time to time in its discretion ences remation contained in the application form to have any of the statements checked unleased above, as well as all other individuals because all parties and persons from any an estate information as well as from the use of ents, employees, or representatives. Inship I can be terminated at will, with or without its or at the option of the employer. I under the option of the employer. I under the option of the any agreement actice may not alter the at-will nature of	ission of information on this ed, my dismissal from employment. al authority to work in the United e rules and standards of Sunset in. In is true and correct to the best of ess I have indicated to the contrary. It is who you may contact to provide yother pertinent information that indicated all liability for any damages that of disclosure of such information by the cause, and with or without notice, inderstand that no employee or you enter into any agreement for ent contrary to the foregoing. The employment relationship unless the cannot allow employees to foster mals. This includes but is not on the care for from any infectious the ont discriminate on the basis of the cannot discriment.
Applicant Signature		Date

(Please complete the following page as well.)

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1.	Describe your responsibilities at your present or last job.
2.	What aspects of working with people do you find enjoyable, and what, if any, do you find less enjoyable?
3.	What specific aspects of your education or experience do you consider to be beneficial to this position?
4.	What are your career goals for the next year? Three years? Five years?
5.	What factors would contribute to your sense of job satisfaction on a good job?