



Long Island Veterinary Specialists

163 South Service Road, Plainview, NY 11803

Phone: 516-501-1700 Fax: 516-501-0501

Application for Employment

Date / /

Position(s) applied for _____ Desired Salary \$ _____

Date available for work ___/___/___ Type of employment desired: F/T P/T Temp

Personal Information

Name (last name)	First	M.I.
Present Address		
City	State	Zip Code
Permanent Address		
City	State	Zip Code
Phone ()	Cell Phone ()	
E-mail Address		
If you are under 18, and it is required, can you furnish a work permit?		<input type="radio"/> Yes <input type="radio"/> No
If no , please explain _____		
Are you authorized to work in the United States?		<input type="radio"/> Yes <input type="radio"/> No
Have you ever been employed by this company?		<input type="radio"/> Yes <input type="radio"/> No
If yes , give dates and positions _____		
List any Friends or relatives working here: _____		
Have you ever worked in a veterinary hospital		<input type="radio"/> Yes <input type="radio"/> No
If yes, briefly describe job description _____		
Are you presently employed?		<input type="radio"/> Yes <input type="radio"/> No
If so, may we inquire of your present employer?		<input type="radio"/> Yes <input type="radio"/> No
Name _____		
Address _____		
Phone Number ___()_____		
Are you able to bend, walk, lift or stand for periods of time, as this is part of the job?		<input type="radio"/> Yes <input type="radio"/> No
If not, please explain _____		

Answering “yes” to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime? ○ Yes ○ No

If yes, please provide date(s) and details _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City & State)	Years Completed	Completed	GPA	Major/Minor
Year Graduated _____		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____		
Year Graduated _____		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____		
Year Graduated _____		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____		

Employment History

Starting with your most recent employer, provide the following information.

May we contact former employers for a reference? ○ Yes ○ No

Company	
Address _____	Phone () _____
Position _____	Immediate Supervisor and Title _____
Dates Employed: Start _____	End _____ Salary \$ _____
Why did you leave?	
Summarize type of work and job responsibilities	
Company	
Address _____	Phone () _____
Position _____	Immediate Supervisor and Title _____
Dates Employed: Start _____	End _____ Salary \$ _____
Why did you leave?	
Summarize type of work and job responsibilities	
Company	
Address _____	Phone () _____
Position _____	Immediate Supervisor and Title _____
Dates Employed: Start _____	End _____ Salary \$ _____
Why did you leave?	
Summarize type of work and job responsibilities	

Military Service

Branch _____ From: _____ To: _____
Rank at Discharge _____
What type of training or education did you receive in the military?

Skills and Qualifications

Summarize any special training, skills, licenses and or certificates that may assist you in performing the position for which you are applying. _____

<input type="radio"/> Computer Skills <input type="radio"/> Word Processing <input type="radio"/> Spreadsheet <input type="radio"/> Power Point <input type="radio"/> Other _____
Software Titles _____

References

List name and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors.

If not applicable, list three school or personal references that are *not* related to you.

Name	Title	Relationship to you	Telephone	No. of years known

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on the basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president or administrator.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the forgoing applicant Statement.

Yes **No**

Typing your name in the space below indicates that you are in agreement with all of the above statements and are signing this document electronically.

Name _____ **Date** _____