



# APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

## An Equal Opportunity Employer

*We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status or disability.  
It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.  
Aspen Grove Veterinary Care will conduct a background check on all applicants.*

Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

### PERSONAL

Applicants Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Are you eligible to work in the United States?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you ever been treated for a drug or alcohol addiction?  Yes  No

A "Yes" answer does NOT automatically disqualify you from employment. The offense, date and the job for which you are applying will be considered. A false answer is grounds for immediate termination.

If Yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
List other names you have used when previously employed (such as maiden name or married name).

### EMPLOYMENT

Expected Rate of Pay: \$ \_\_\_\_\_  per hour  per month

Do you prefer:  Full Time  Part Time Date you are available to start work \_\_\_\_\_

ASPEN GROVE VETERINARY CARE

2633 SOUTH COLLEGE AVE. FT. COLLINS, CO 80525  
PHONE: (970)416-0232 • FAX: (970) 416-8995

List any friends or relatives working here. \_\_\_\_\_

List work experience, skills, or qualifications that you feel would especially fit you for work here. Please add any additional comments you think are important for us to consider. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you previously applied for a job at the Aspen Grove Veterinary Care? Yes No

If Yes, when? \_\_\_\_\_

**EDUCATION**

College/Trade School	Hours Completed	Graduated	Degree
1.		Y N	
2.		Y N	
3.		Y N	
4.		Y N	

**PROFESSIONAL REFERENCES**

(Past Employers)

Name	Title	Company	Phone Number
1.			
2.			
3.			

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**WORK EXPERIENCE**

Please complete the following in its entirety OR provide a resume with your work experience and job qualifications. Begin with your most recent, list all past employers, including any pertinent military experience.

Name of Company	Position(s) Held	Dates of Employment	Salary at hire	Salary at end of employment

**AFFIDAVIT**

I certify that all information provided in the application and resume provided is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in termination if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency and/or criminal background check. These reports may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools and others. I understand that I have the right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted) past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. **I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYEMENT OR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME, IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYEMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.** I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_