



# PHOENIX LAB

Excellence in Veterinary Science & Service

## EMPLOYMENT APPLICATION

### PERSONAL

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street/Apt. # City State Zip

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

Are you at least 18 years old? Yes No  
Are you legally authorized to work for any employer in the U.S.? Yes No  
Have you ever been convicted of any crime (excluding minor traffic violations) including driving while under the influence of alcohol or drugs? Yes No

If yes, explain:

Note: A conviction will not necessarily disqualify you from employment

Drivers License: State: \_\_\_\_\_ Type: \_\_\_\_\_ Currently Valid? Yes No

### EMPLOYMENT DESIRED

Are you seeking Full Time Part Time Temporary  
Position applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Date available to start: \_\_\_\_\_

Have you ever worked for our company before? Yes No

If your answer was yes, state when you worked here?

How did you learn of our company and/or position? \_\_\_\_\_

Do you have any relatives working for us? Yes No

If so, who? \_\_\_\_\_

Are you now, or do you expect to be, working in any other business or job concurrently?

Yes No

If yes, may we contact your current/other employer? \_\_\_\_\_

Are you willing and able to work: Days Evenings Overtime Weekend Nights

Are there any days or hours you would be unable or unwilling to work? Yes No

If yes, please specify those days or hours \_\_\_\_\_

Are any of your records under a different name? Yes No

If yes, what name \_\_\_\_\_

## EDUCATION

Name, Address, Location	Graduate?	Diploma
High School:	Yes No	
College:	Yes No	
Trade School	Yes No	

List and describe any other school, specialized training, or certification:

## SPECIAL SKILLS

Do you have any keyboarding skills? Yes      No  
If yes, how many words per minute can you type? \_\_\_\_\_

Can you use a ten key by touch? Yes      No

Have you had any computer or word processing experience or training? Yes      No  
If yes, please describe

Describe why you are interested in working for us and list any skills or abilities you feel qualify you for the position, including hobbies or related interests:

## WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you have this information already in a .docx, .doc, .odf, or .pdf format, you may attach that file and skip this section.

**Present or Last Employer:** \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Name and title of last supervisor: \_\_\_\_\_

Title and job duties:

--

Reason for leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Name and title of last supervisor: \_\_\_\_\_

Title and job duties:

--

Reason for leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Name and title of last supervisor: \_\_\_\_\_

Title and job duties:

Reason for leaving: \_\_\_\_\_

---

### REFERENCES

Please provide three professional references. These may not include relatives or former employers. If you have this information already in a .docx, .doc, .odf, or .pdf format, you may attach that file and skip this section.

**Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ How Long Known? \_\_\_\_\_ Years

Address: \_\_\_\_\_

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

**Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ How Long Known? \_\_\_\_\_ Years

Address: \_\_\_\_\_

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

**Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ How Long Known? \_\_\_\_\_ Years

Address: \_\_\_\_\_

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

Phoenix Central Laboratory for Veterinarians, Inc. is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status, or any disability as provided in the Americans with Disabilities Act. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

**AFFIDAVIT**

- I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interview may be grounds for my immediate discharge.
- I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy, or any other reason because of their statements.
- I agree that, if I am employed, I will abide by all the rules and regulations of the company. I further understand that nobody in the company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the CEO or Director of Operations of the company. I also understand that my employment is “at-will” and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.
- I understand that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy my unpaid obligation.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_