

APPLICATION FOR EMPLOYMENT

Position applying for _____ Date _____

Name _____ Soc. Sec. No. _____

Present Address _____

How long have you lived at this address? _____ Phone _____

Previous Address _____

How long have you lived at this address? _____ If hired, on what date will you be available to start to work? _____ What are your present weekly income requirements? _____

How did you learn of our organization? _____

Do you have a car available for full time use? _____ Make _____ Year _____

Person to be notified in case of accident or emergency:

Name _____ Relationship _____

Address _____ Phone _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our company?
 (Do not print) _____

State names of friends or relatives working for us other than your spouse: _____

Have you received Workman's Compensation or Disability Income Payments? _____ If yes, describe: _____

Are you over 18 years of age? _____ If not, employment is subject to verification of minimum legal age.

Do you have any physical handicaps which would prevent you from performing specific kinds of work? _____

If yes, describe the defect(s) and explain your work limitations. _____

Have you been injured or had a serious illness in the past 5 years? _____ If yes, describe _____

Type of School	Where	Did you graduate?	Course or Major
High School			
College			
Other			

Have you ever been bonded? _____ Has bond ever been cancelled? _____

Have you ever been found guilty of a crime, misdemeanors and summary offenses? _____ If yes, describe in full _____

Have you ever served in the Armed Forces? _____ Dates of duty _____ to _____

Rank at Discharge _____ Describe your military duties _____

PLEASE COMPLETE THE WORK HISTORY SECTION OF THIS APPLICATION, EVEN IF YOU ALSO INTEND TO SUBMIT YOUR RESUME

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE
From	To		Start	Finish	
					Phone
Reason For Leaving					
Describe Your Duties					
					Phone
Reason For Leaving					
Describe Your Duties					
					Phone
Reason For Leaving					
Describe Your Duties					
					Phone
Reason For Leaving					
Describe Your Duties					
					Phone
Reason For Leaving					
Describe Your Duties					
					Phone
Reason For Leaving					
Describe Your Duties					

EMPLOYMENT CONDITIONS (Please read carefully)

Woodside Equine Clinic is an equal opportunity employer, and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal or local Equal Opportunity Laws.

I understand and agree that:

- Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
- It is my understanding that Woodside Equine Clinic will make a thorough investigation on my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Woodside Equine Clinic and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hire, or if hired, may subject me to immediate dismissal.
- I agree that my employment may be terminated by this Company at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or the work area that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with Woodside Equine Clinic. I consent to take a medical examination by a qualified physician at the discretion of my employer.
- Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
- I further understand that this is an application for employment and that no employment contract is being offered.
- I understand that if I am employed, such employment is for no definite period of time and that Woodside Equine Clinic can change wages, benefits and conditions at any time.

I have read and understand the above

SIGNATURE OF APPLICANT (Do Not Print)

DATE OF APPLICATION (Month, Day, Year)