



Compassionate Care Animal Clinic  
150 Victory Lane  
Elkhart Lake, WI 53020  
Phone: 920-781-5057  
Fax: 920-781-5016

Name

\_\_\_\_\_

(Last) (First) (Middle)

Current Address

\_\_\_\_\_

(Street) (City) (State) (Zip)

Telephone

\_\_\_\_\_

(Daytime) (Evening) (Cell)

Email Address \_\_\_\_\_

Are you over 18 years of age? \_\_\_\_\_

Education and Training

Type of School	Name	City, State	Years Completed	Degree	Course/major Subjects
High School					
College					
Vocational/Technical					
Other Training					

Position You Are Applying For:

Position Title: \_\_\_\_\_

Salary Requirement: \_\_\_\_\_

How did you learn of this position? \_\_\_\_\_ When can you start? \_\_\_\_\_

Are you seeking: Full-Time / Part-Time / Temporary Employment?

Hours/Shift Available: \_\_\_\_\_

**Please Read and Complete Carefully**

Please Read and Complete Carefully		Yes	No
1	Are you legally eligible for employment in the U.S.?		
2	Have you ever been fired or asked to resign from any job? If yes, please list employer, date and reason below.		
3	Have you ever been refused bond from a bonding company?		
4	Is there any reason that you could not adequately perform the essential duties of the job for which you have applied?		
5	Have you ever been excluded or debarred from practicing within a federal healthcare program? If yes, list term and reason for exclusion below.		

Please explain if you answered yes to questions 2-5 above:

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Have you been convicted of any crime? (Include any finding of plea of guilty, deferral or no contest) Yes ( ) No ( )

If yes, give all dates, places, charges, and disposition. (Conviction will not necessarily bar you from employment considerations). \_\_\_\_\_

If you answered yes to any of the above, please explain: \_\_\_\_\_

Please list other qualifications and skills (e.g languages, typing, office machines, etc.)

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**Employment History: Complete Information, including contact numbers, will assist in timely verification**

Employer:	Position Title:
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Address:	Responsibilities:
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City, State, Zip Code	Reason for Leaving:
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Name of Supervisor:	Phone Number:	Last Base Salary:
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Employer:	Position Title:
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Address:	Responsibilities:
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City, State, Zip Code	Reason for Leaving:
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<b>Name of Supervisor:</b>	<b>Phone Number:</b>	<b>Last Base Salary:</b>
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<b>Employer:</b>	<b>Position Title:</b>
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<b>Address:</b>	<b>Responsibilities:</b>
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<b>City, State, Zip Code</b>	<b>Reason for Leaving:</b>
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<b>Name of Supervisor:</b>	<b>Phone Number:</b>	<b>Last Base Salary:</b>
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**Professional/Work-Related References**

<b>Name</b>	<b>Relationship</b>	<b>Daytime Phone</b>	<b>Evening Phone</b>

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date.

I UNDERSTAND that a consumer report may be obtained for employment purposes (including criminal, education, and employment background checks) as part of the pre-employment investigation and at any time during my employment. I understand that should this application or a criminal records check reveal a conviction, finding or plea of guilt, deferral or no contest of crime, further processing of this application or my employment, if hired, may be terminated.

If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.

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 from any legal liability in making such statements. I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure, or release of any information by any person or party, whether such information is favorable or unfavorable to me.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR 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 EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE OR WITHOUT NOTICE, AT THE OPTION OF THE COMPANY OR MYSELF.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_