



EMPLOYMENT APPLICATION

Please use dark ink

EZVet Stations, LLC
 PHONE: 1-800-319-3880
 EMAIL: info@ezvet.com

Please Complete All Information

PERSONAL INFORMATION

(Print) Last Name	First Name	Middle Name	Email Address	Today's Date
List all your previous names under which employment / education may be verified			Home no	
			Mobile no:	
Current Address			Yrs at Address:	
City	State		Zip	

CAREER

Position/Work Desired	Location(s) Desired:	Are you 18 or older?	Date available for employment				
How did you hear of this position/company?	Did an employee refer you, who?	Desired salary	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Summer		
			<input type="checkbox"/> Eve	<input type="checkbox"/> Temporary	<input type="checkbox"/> Weekend		
Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

EDUCATION / SPECIALIZED TRAINING

Type of school	Name of school	Major/Minor	Date attended		Years completed	Degree (Include Mo. & yr. granted or expected)	Scholastic Standing	
			From Mo./Yr.	To Mo./Yr.			Grade PT Average	Out of possible
High School			N/A					
College or University								
College of Veterinary Medicine								
Graduate or Other Education								

MISCELLANEOUS

Are you open to relocating, now or in the future?	Yes	No	If YES, where?
If selected for employment, are you able to provide current original documents as proof of your eligibility to work in the United States?	Yes	No	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Company Policy, Federal and State Laws forbid Discrimination based on Age, color, race, religion, Sex, Disability, Sexual Orientation or National origin.
 EZ Vet™ Application Document- For Accommodation Purposes Only.

EMPLOYER CONTACT

May we contact your present employer? <i>(Please give complete information regarding your present and former employment (excluding military service))</i>				YES	NO
Name & Address of Employer (Start With your Present/ Last job)	Dates are required Mo./Yr.		Job Title & Responsibilities	Salary	Reason(s) for Leaving
Employer	From	To	Supervisor's name & title	Beginning	
Address	<input type="checkbox"/> Full Time		Your job title and principle duties	Ending	
City/State/Zip	<input type="checkbox"/> Part Time				
Phone	<input type="checkbox"/> Summer/ Temp				
Employer	From	To	Supervisor's name & title	Beginning	
Address	<input type="checkbox"/> Full Time		Your job title and principle duties	Ending	
City/State/Zip	<input type="checkbox"/> Part Time				
Phone	<input type="checkbox"/> Summer/ Temp				
Employer	From	To	Supervisor's name & title	Beginning	
Address	<input type="checkbox"/> Full Time		Your job title and principle duties	Ending	
City/State/Zip	<input type="checkbox"/> Part Time				
Phone	<input type="checkbox"/> Summer/ Temp				
Have you previously applied with, interviewed with or been employed by EzVet, Banfield, PetSmart before?			Is Yes, When?	What Location?	
<input type="checkbox"/> YES <input type="checkbox"/> NO					

MILITARY

Period of active duty Mo. /Yr. to Mo. /Yr.	Branch of service	Highest rank	Principal duties performed?
---	-------------------	--------------	-----------------------------

REFERENCES

Name of reference	Telephone number	List civic, academic or business references	Years known
	Daytime #		
	Evening #		
	Daytime #		
	Evening #		
	Daytime #		
	Evening #		

I certify that all information given on this application is true and correct, I understand that EzVet™ will investigate of my work and personal history and I authorize all persons, schools, companies, credit bureaus and law enforcement agencies to supply any information concerning my background and release them from any liability and responsibilities arising from their doing so. I also understand that employment is "at will" which means I may leave EzVet™ for any reason or be terminated at anytime for any reason. I further understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless if when discovered to be false, will result in my immediate dismissal. And, 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 US within three (3) business days of my hire date. Any change to the policies stated above must be in writing and signed by the President of the Company in order to be effective.

SIGN AND DATE:

Applicant's Signature X _____ Date: _____

This statement may be photocopied for background investigation