



Ocala Central Veterinary Care, LLC

20 SW 87th Place

Ocala, Florida

(352) 776-0707

info@ocalacentralvetcare.com

Application for Employment

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone(s): (H) _____ (M) _____ Email: _____

Social Security No.: _____ Birthdate: _____ Date Available: _____

Position applied for: _____ Desired Salary: _____ Hours/week desired: _____

Are you currently employed? YES NO May we contact your present employer? YES NO

If hired, can you provide proof that you are legally able to work in the United States? YES NO

Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES NO

If yes, please describe: _____

*If selected for employment, you must be willing to submit to a background check and a pre-employment drug test.

*Ocala Central Veterinary Care, LLC. is open 5-7 days a week depending on hospitalized patients. Please indicate days and hours you are **available** by selecting no limitations, not available (n/a), am, pm or both in boxes below:

No Limitations	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	am pm n/a	am pm n/a	am pm n/a	am pm n/a	am pm n/a	am pm n/a	am pm n/a

Emergency Contact

In case of emergency notify:

Name: _____ Address: _____ Phone: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Date from: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Date from: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Date from: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

References

Please list three personal references of persons not related to you, whom you have known at least one year. Note that you are authorizing Ocala Central Veterinary Care, LLC to contact the persons and/or organizations listed below for purposes of obtaining employment reference information including information contained in personnel file and hereby authorize those persons and/or organizations to disclose such information.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Disclaimer and Signature

*"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.
I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
I understand and agree that the employment handbook will be a statement of Ocala Central Veterinary Care, LLC policies that may be amended from time to time."*

Signature: _____ Date: _____