



Lake Stevens Animal Hospital, LLC
 303 91st Ave. NE A106, Lake Stevens, WA 98258 (425) 377-8620
 www.lakestevensanimalhospital.com

APPLICATION FOR EMPLOYMENT

Please answer all questions. Resumes are not a substitute for a completed application.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

Date: _____

Name _____ Address _____ City, State, Zip _____	Social Security # _____ Home Phone _____ Cell Phone _____
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Position Desired _____ Available for _____ full-time _____ part-time Available to work ___ weekdays ___ evenings ___ weekends Are you willing to work overtime? _____ yes _____ no	Salary Desired _____ Date you can start _____ Have you ever applied here before? _____ yes _____ no If yes, when did you apply? _____
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Within the past ten (10) years, have you been convicted of a felony? (Do not include convictions that were sealed, eradicated, erased, or expunged; convictions that resulted in referral to a diversion program; or marijuana-related convictions that are more than two (2) years old.) _____ yes _____ no
 If yes, please explain so that individual circumstances can be considered. _____

NOTE: Criminal convictions will not automatically disqualify an applicant from a particular job. LSAH will consider the nature of the crime, its seriousness, whether the conviction (s) substantially relates to the position's functions and qualifications, the frequency of convictions, the applicant's age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant's entire work and educational history, and employment references and recommendations. An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within 30 days of the applicant's request for such information.

Have you ever initiated an act of violence in the workplace? _____ yes _____ no
 If yes, please explain so that individual circumstances can be considered (A yes answer will not necessarily disqualify you from employment.) _____

Education & Skills

Education	School Name and Location	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Graduate					
Additional					

Honors Received _____

List special technical skills that you feel qualify you for the job for which you are applying: _____

Please tell us about any hobbies / extracurricular interests you may have _____

Work History – Start with your present or last place of employment. You may include any verifiable work performed on a volunteer basis, internships, or military service.

Last Employer: _____ _____		Address: _____ _____		Phone: _____ Supervisor's Name: _____	
Type of Business: _____			May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no		
Dates Employed: From ____ / ____ / ____ to ____ / ____ / ____			Wages: Start _____ /hr Final _____ /hr		
Starting Position: _____			Final Position: _____		
Duties: _____			Reason for Leaving: _____		

Previous Employer: _____ _____		Address: _____ _____		Phone: _____ Supervisor's Name: _____	
Type of Business: _____			May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> When?		
Dates Employed: From ____ / ____ / ____ to ____ / ____ / ____			Wages: Start _____ /hr Final _____ /hr		
Starting Position: _____			Final Position: _____		
Duties: _____			Reason for Leaving: _____		

Previous Employer: _____ _____		Address: _____ _____		Phone: _____ Supervisor's Name: _____	
Type of Business: _____			May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> When?		
Dates Employed: From ____ / ____ / ____ to ____ / ____ / ____			Wages: Start _____ /hr Final _____ /hr		
Starting Position: _____			Final Position: _____		
Duties: _____			Reason for Leaving: _____		

Do you have any medical / physical conditions which prevent you from doing certain job descriptions pertinent to the position you are applying for? yes no
If yes, please describe: _____

References (Please give at least three)

Name	Position	Company	Work Relationship (i.e., supervisor, co-worker)	Telephone #

Applicant Certification

I certify that all the information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment, or, if employed, disciplinary action, up to and including immediate dismissal.

I understand that neither this application nor any communication by a management representative is intended to create or does create a contract of employment, offer, or promise of employment. I acknowledge that if hired by LSAH, employment is on an at-will basis. This means the Company is free to terminate my employment at any time, with or without cause or advance notice, in accordance with state law, and acceptance of employment is not a contract of employment for any specified time. Similarly, I am free to terminate my employment with LSAH at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by an authorized representative of LSAH and me.

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to the minimum required by Washington state.

I understand that LSAH may have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local laws. If LSAH has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by LSAH, I understand and agree that the Company, to the extent permitted by federal, state and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but no limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state and local law, I may be required to sign a confidentiality, non-compete, and/or conflict of interest statement.

I agree to conform to the rules and regulations of LSAH, and I understand that the Company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at-will.

I authorize LSAH or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to LSAH or its duly authorized representative pursuant to this authorization from liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

I understand this Company hires only individuals who are legally eligible to work in the United States.

Applicant Signature _____ Date _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for controlled substances, conduct inspections of property without notice, and communicate screen results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent / Legal Guardian

Witness

Date

Date

