

# Ark Animal Hospital

Ark Animal Hospital  
12585 Phillips Highway  
Jacksonville, Florida  
32256  
Phone: 904-886-2751

Programs services and employment are equally available to everyone. Please inform us if you require reasonable accommodation for the application or interview.

## Employment Application

Date \_\_\_\_\_

Legal Name \_\_\_\_\_

Residence: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ E mail \_\_\_\_\_

Drivers License number if applicable to position: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Education:	School	# yrs	Grad.date	Major
Elementary	_____	_____	_____	_____
Secondary	_____	_____	_____	_____
Com. College	_____	_____	_____	_____
University	_____	_____	_____	_____
Other	_____	_____	_____	_____

Position Applied For: \_\_\_\_\_

If you are 18 and we require a work permit can you furnish one? YES \_\_\_ NO \_\_\_

If no please explain: \_\_\_\_\_

Have you ever worked for this company: YES \_\_\_ NO \_\_\_

Are you a citizen of the United States YES \_\_\_ NO \_\_\_

If not are you legally allowed to work in the United States? YES \_\_\_ NO \_\_\_

Have you ever pleaded "guilty", "No contest", or been convicted of a crime? YES \_\_\_ NO \_\_\_

If yes, give the details \_\_\_\_\_

How were you referred to us: \_\_\_\_\_

Date Available to Start \_\_\_\_\_ Salary request \_\_\_\_\_

Hours available \_\_\_\_\_ Any time restrictions: \_\_\_\_\_

Answering yes to any of the above questions does not constitute an automatic rejection for employment. Date of the offence, seriousness and nature of the violation, rehabilitation and position applied will be considered.

Summarize your special skills or Qualifications: \_\_\_\_\_

---

---

---

---

---

---

---

---

Previous employment (begin with the most recent position)

Dates of employment From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position held \_\_\_\_\_

Firm \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Responsibilities \_\_\_\_\_

Starting Salary & title \_\_\_\_\_ Ending Salary & Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact this employer for a reference YES \_\_\_\_\_ NO \_\_\_\_\_

Dates of employment From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position held \_\_\_\_\_

Firm \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Responsibilities \_\_\_\_\_

Starting Salary & title \_\_\_\_\_ Ending Salary & Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact this employer for a reference YES \_\_\_\_\_ NO \_\_\_\_\_

Dates of employment From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position held \_\_\_\_\_

Firm \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Responsibilities \_\_\_\_\_

Starting Salary & title \_\_\_\_\_ Ending Salary & Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact this employer for a reference YES \_\_\_\_\_ NO \_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event that I am employed, I understand that false or misleading information given in my application or interviews may result in discharge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_