

# Jones Bridge Animal Hospital Application for Employment

11450 Jones Bridge Road  
Johns Creek, GA 30022  
(770) 410-0044 / (770) 410-1856 (Fax)  
www.jonesbridgevet.com

Date \_\_\_\_\_

Name \_\_\_\_\_

Position Desired \_\_\_\_\_ Minimum Salary \_\_\_\_\_

Who referred you to this facility? \_\_\_\_\_ Ever applied here before \_\_\_\_\_

Telephone Number (    ) \_\_\_\_\_ Alternate number (    ) \_\_\_\_\_

## Employment Eligibility

Are you a citizen of the U.S.? <span style="float: right;">Yes / No</span> If not, do you have legal right to work in the U.S.? <span style="float: right;">Yes / No</span>	Are you 16 years of age or older? <span style="float: right;">Yes / No</span> If not, please specify age _____
Do you speak or read any languages fluently besides English? <span style="float: right;">Yes / No</span> If yes, which one(s) _____	Have you ever been convicted of a felony crime? <span style="float: right;">Yes / No</span> Are there any criminal charges pending against you? <span style="float: right;">Yes / No</span>
Do you have any impairments, physical or mental that would interfere with your ability to perform the job for which you are applying? Yes / No If yes, please specify: _____	

## Education

Education	Name of School	City/State	Degree / Major
High School			
College / University			
Graduate School			
Trade School			

## Employment History

Employment Dates	Employers Name & Address	Position / Job Duties	Reason for leaving:
			Reason for leaving:  Wage/salary:
			Reason for leaving:  Wage/salary:
			Reason for leaving:  Wage/salary:

Is any information relative to change in name, use of an assumed name, maiden name, or nickname necessary to check your work record or background information? If yes, please provide other names.

Do you authorize us to contact your previous and present employer for reference prior to employment with this business? Yes / No

Authorized signature:

Date:

Is there anything else you would like us to know about you?

### Applicant's Affidavit:

I certify that the information contained in this application is correct to the best of my knowledge. I authorize investigation of all matters contained in this application and agree that any misleading or false statements would be cause for rejection of this application or would be sufficient cause for dismissal after employment begins. I understand that employment is contingent upon the receipt of negative drug screening results, background check, and satisfactory work references by Jones Bridge Animal Hospital. I further understand that my continued employment will be based on my satisfactory performance and the satisfactory completion of the Benefits Waiting period of employment. I hereby authorize my past and present employers to furnish Jones Bridge Animal Hospital with their records of my employment.

Signature

Date

### ----- Do Not Write Below This Line -----

Called for interview: \_\_\_\_\_ Interview scheduled: \_\_\_\_\_ arrived: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ FT PT (hrs: \_\_\_\_\_)

Scheduling restraints: \_\_\_\_\_

Remarks: