EMPLOYMENT APPLICATION

PERSONAL INFORMATION

First Name	Middle Name	Last Name		

Other Names Used

Current Street Address	City	State	Zip

Previous Address (if fewer than 5 years at current address)	City	State	Zip

Mobile Phone	Home Phone	Personal Email

Position Applied for: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ On Call

Wage Expected _____ ☐ Hourly ☐ Annually

How did you hear about this opportunity?

☐ Advertisement, please specify source: _____

☐ Job Board, please specific name of site: _____

☐ CAPNA-VCA Employee Referral, please indicate name:_____

☐ CAPNA-VCA Website

☐ Acquisition/Merger

Have you ever been employed by CAPNA -VCA Inc. or any of its divisions including Antech, Sound, Camp Bow Wow, AVC (Canada)?

☐ Yes (when and where?)   ☐ No

Do you have any relatives working for CAPNA-VCA Inc. or any of its divisions?

☐ Yes - Please indicate name and relationship   ☐ No

Are you at least 18 years of age?   ☐ Yes   ☐ No

If hired, are you able to provide verification of your identity and legal right to work in the United States?   ☐ Yes   ☐ No

RECORD OF EDUCATION

School	Name, City and State of School	Course of Study, Major, or Specialty	Number of Years Completed	Did you graduate?	List Degree or Diploma
High School					
College/University					
Graduate					
Other (trade tech, correspondence, military or professional credentials)					

WORK HISTORY

Even if you are providing a résumé, please complete this section in its entirety, beginning with your most recent work history. You may also include relevant volunteer experience.

1. EMPLOYMENT INFORMATION

	Start date	End date
Name of Employer	Job Title	Phone

Employer's Address

Supervisor's Name	Starting Rate of Pay	Ending rate of pay
Supervisor's Job Title	Supervisor's Phone or Email	

Reason(s) for leaving

Work performed

May we contact this employer for a reference or to verify information you have provided? ☐ Yes   ☐ No (if no, please explain)

2. EMPLOYMENT INFORMATION

	Start date	End date
Name of Employer	Job Title	Phone

Employer's Address

Supervisor's Name	Starting Rate of Pay	Ending rate of pay
Supervisor's Job Title	Supervisor's Phone or Email	

Reason(s) for leaving

Work performed

May we contact this employer for a reference or to verify information you have provided? ☐ Yes   ☐ No (if no, please explain)

3. EMPLOYMENT INFORMATION

	Start date	End date
Name of Employer	Job Title	Phone

Employer's Address

Supervisor's Name	Starting Rate of Pay	Ending rate of pay
Supervisor's Job Title	Supervisor's Phone or Email	

Reason(s) for leaving

Work performed

May we contact this employer for a reference or to verify information you have provided? ☐ Yes   ☐ No (if no, please explain)

HOURS OF AVAILABILITY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

SPECIAL SKILLS OR TRAINING (check where appropriate)

LANGUAGE PROFICIENCY

ENGLISH LANGUAGE	Excellent	Good	Fair	Poor	FOREIGN LANGUAGE: _____	Excellent	Good	Fair	Poor	N/A
Reading					Reading					
Writing					Writing					
Speaking					Speaking					

SPECIAL SKILLS AND QUALIFICATIONS

Academic honors, outstanding achievements, scholarships or other significant job-related awards:

Professional licenses or certifications earned:

Computer or software proficiencies:

Other job-related skills:

PROFESSIONAL REFERENCES – **List the names and contact information for three individuals (not relatives) who are familiar with your work, especially individuals to whom you have reported. Note: If this position will be your first work experience, then references may be teachers, community leaders, or other individuals who can attest to your character and work ethic.**

Name	Position
Company	Phone
Relationship to applicant	Email

Name	Position
Company	Phone
Relationship to applicant	Email

Name	Position
Company	Phone
Relationship to applicant	Email

Is there anything about you or your connection with another person or business which could potentially interfere with your work at VCA Inc. or possibly create a conflict of interest? ☐ No   ☐ Yes - Please explain fully

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that the answers given by me to the foregoing questions and statements are true and correct without reservation and hereby authorize CAPNA to verify same. If employment is obtained under this application, I will comply with all orders, rules, and regulations of the company. Unless otherwise noted in this document, I authorize CAPNA to verify information I have provided in this application with my former employers and educational institutions. If upon review, anything contained in this application is found to be untrue, I understand that I will be subject to dismissal at any time during my period of employment. I understand that, if hired, I may not hold other employment nor engage in other activities that create a conflict of interest unless given permission in writing by a Senior Leader or Executive Officer of CAPNA

_____   _____

Applicant Signature   **Date**