

APPLICATION FOR EMPLOYMENT

Culbreth Carr Watson Animal Clinic
1223 E. 2nd Ave SE | Rome, GA | 30161

Last Name:	First Name:	Middle Initial:
Email:		Phone Number:
Street/Mailing Address:		Apartment No.
City:	State:	Zip Code:
		County:

Employment Eligibility:

• To be employed by Caldwell Animal Health Inc. dba Culbreth Carr Watson Animal Clinic (CCW), you must meet certain State and Federal employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, and positive rehire status if previously employed by CCW.

<p>1. Are you 18 years of age or older?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been dismissed from a CCW position?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Please indicate how you heard about this job?</p> <p><input type="checkbox"/> Indeed <input type="checkbox"/> Referral</p> <p><input type="checkbox"/> Social Media _____</p> <p><input type="checkbox"/> Craigslist <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Newspaper _____</p>
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Education:

High School Graduate or Equivalent (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Institution: _____		
College/Technical School? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Institution:	Education Level (Achieved):	Major:

Have you been convicted of a felony or misdemeanor? <i>If yes, please attach an explanation.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Licenses & Certifications:

Type of License/Certificate:	License/Certificate Number:	Expiration:	Specialization/Endorsements:

Personal Reference:

Name/Number/Email:
Name/Number/Email:

Job Related Skills (customer service, drivers license, small animal care, etc.):
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Work History:

- Describe your work history below beginning with your current or most recent job.
- If you need more space, print out the supplemental work history page and attach to the application.
- You may attach your resume to supplement your work history information.

Current/Last Employer:	Job Description:
Start/Finish Date:	May We Contact the Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name, Title & Phone Number:	
Reason for leaving:	

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Start/Finish Date:	May We Contact the Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Supervisor's Name, Title & Phone Number:	
Reason for leaving:	

CERTIFICATION: Read carefully before signing and dating. Unsigned applications will not be processed.

By signing below, I certify/confirm that my application, resume, and any document enclosed as part of submission for the job is accurate and complete to the best of my knowledge. I understand that state employers will verify the information provided. I further understand that omitting or providing false information on this form, or any other subsequent application materials, will be sufficient reason to disqualify me from consideration for employment, or immediate dismissal if I am employed.

Caldwell Animal Health Inc. is an equal opportunity employer. It is the policy of the practice to prohibit unlawful discrimination and harassment of any type and to afford equal employment opportunities to employees and applicants without disregard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, gender identity or expression, or veteran status. The practice will conform to the spirit as well as the letter of all applicable laws and regulations. The practice will employ qualified veterans and disabled veterans without discrimination in all employment practices.

Signature _____ Date _____