



Lake Nona Animal Clinic  
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**Lake Nona  
 ANIMAL  
 CLINIC**

**APPLICATION FOR EMPLOYMENT**

**(please complete every section)**

**DRUG-FREE WORKPLACE  
 EQUAL OPPORTUNITY EMPLOYER**

<b>Date of Application:</b>	
<b>Position applied for:</b>	
<b>Referred to our hospital by:</b>	
<b>Last Name, First Name, Middle Initial:</b>	
<b>Address:</b>	
<b>Preferred Contact Phone:</b>	
<b>Alternate Contact Phone:</b>	
<b>Best time to call:</b>	
<b>Are you at least 18 years of age?</b>	
<b>Have you applied previously? If yes, date and position applied for:</b>	
<b>Are you legally eligible for employment in this country?</b>	
<b>Date available to start work:</b>	
<b>Desired hourly rate:</b>	
<b>Type of employment desired (full-time or part-time):</b>	
<b>Are you able to meet the attendance requirements of the position?</b>	
<b>Are you able to perform the requirements for the position you are applying for?</b>	
<b>Will you work overtime if required? If no, please explain.</b>	
<b>Have you ever pled "guilty" or "no contest" to, or ever been convicted of a crime? If yes, please provide date(s) and details. (Answering yes to these questions does not constitute an automatic bar to employment. Factors such as date of the Offense seriousness of the crime and position applied for will be taken into account.)</b>	

**EMPLOYMENT HISTORY:** Please start with your most recent employer and provide the following information.

<b>Employer:</b>	
<b>Telephone:</b>	
<b>Dates employed (from – to)</b>	
<b>Street Address:</b>	
<b>Job Title:</b>	
<b>Starting Wage:</b>	
<b>Ending Wage:</b>	
<b>Immediate Supervisor (Name and title)</b>	
<b>Reason for leaving:</b>	
<b>May we contact for reference?</b>	
<b>Please summarize your job responsibilities:</b>	

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<b>Telephone:</b>	
<b>Dates employed (from – to)</b>	
<b>Street Address:</b>	
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**SKILLS & QUALIFICATIONS**

Microsoft:	
Internet:	
Intravet or other practice managing software:	
Lab Equipment:	
X-ray machine (DR, CR, film, dental):	

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position.

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**EDUCATIONAL BACKGROUND**

School ( Include City & State)	# of years completed	Level of completion / Degree	Course of study

**REFERENCES (Persons not related to applicant. No friends or family members.)**

Name	Title/Profession	Relationship to applicant	Telephone	Number of years known
			( )	
			( )	
			( )	

## **APPLICANT STATEMENT**

**I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.**

**I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal & professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I also understand the employer will perform a background check. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.**

**I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.**

**I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.**

**This application does not constitute an agreement or contract for employment for any specified period or definite duration.**

**I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.**

**I understand that a negative drug test result is required by the employer prior to employment to comply with the employer's drug-free workplace program.**

**I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.**

**Do not sign until you have read the above applicant statement.**

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

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