

Oasis Animal Hospital, Inc.

11 West Pointe Blvd.
Mauldin, SC 29662
Telephone: (864) 228-4000

APPLICATION FOR EMPLOYMENT

A completed employment application is required for each desired position. Materials submitted with your application will not be returned. Oasis Animal Hospital, Inc. is an Equal Opportunity Employer. Thank you for applying today! We offer competitive wages and benefits, and equal access to employment, programs, and services to all persons regardless of gender, age, race, national origin, religion, veteran status or disability. Those applicants requiring reasonable accommodation to the application and/or interview process should notify us. **YOU WILL BE NOTIFIED ONLY IF WE WISH TO PROCEED THROUGH THE SELECTION PROCESS. YOU MAY UPDATE AND/OR CHECK THE STATUS OF YOUR APPLICATION AS YOU WISH.**

Personal Information

Date of Application: ____ - ____ - ____

Name: _____
Last First M.I

Address: _____
Street City State Zip

Social Security number: ____ - ____ - ____ (optional until hire, we are an E-Verify employer)

Date of Birth: ____ / ____ / ____
Month Day Year

Phone number (day): (____) - ____ - ____
May we contact you at this number?

- Yes
 No

Phone number (evening): (____) - ____ - ____
May we contact you at this number?

- Yes
 No

EMPLOYMENT INTEREST	
Job title:	Date available:
Are you available to work: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> On-call	Have you ever been employed by Oasis Animal Hospital, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when, and what position?
If hired, you will be required to furnish proof that you are legally authorized to work in the United States.	Wages/Salary desired: _____
Indicate names used for employment or education purposes if different from above: Name: Company/School: Name: Company/School:	

If possible, please read the Job Description for the position desired to answer the following questions (ask an Assistant for job description sheet):

- Can you perform the essential functions of the job?
 - Yes
 - No
- If not, what reasonable accommodations would you request?
 - _____

Current and Previous Work Experience

Are you currently employed?

- Yes
- No

If so, where? _____

- May we contact your current employer for references? Y or N

Date (month and year)	Name of Employer	Employer City, State, Zip	Phone of Employer	Position	Supervisor	Salary (Start-End)	Reason for leaving
Start: _____ End: _____							
Start: _____ End: _____							
Start: _____ End: _____							

We will be contacting your former supervisors as references. May we contact your previous employers?

- Yes
- No

Is there someone other than your supervisor you prefer we talk to, please list his/her name and phone number:

Name: _____ Phone: _____
 Name: _____ Phone: _____

Which of the jobs listed did you like best? _____

What did you like most about the job? _____

Personal References

Reference #1:

Name: _____
 Phone number: _____
 Address: _____
 Relation: _____

Reference #2:

Name: _____
 Phone number: _____
 Address: _____
 Relation: _____

Applicant Statement

I understand that any additional materials I provide Oasis Animal Hospital, Inc. in conjunction with, or pertinent to, my consideration for employment will be subject to the terms of this application. I certify that the answers given in this application are true and correct and that I have not knowingly withheld any facts or circumstances. I understand that all answers given on my application for employment are subject to verification and that should I be employed at Oasis Animal Hospital, Inc., any misrepresentation or omission of facts on this application or other materials pertinent to my consideration for employment may be sufficient reason for dismissal.

By my signature, I consent to the release of information to authorized officers of Oasis Animal Hospital, Inc. which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records; including transcripts; military service; law enforcement records; and/or personnel records deemed necessary. In addition, I consent to authorize appropriate officers of Oasis Animal Hospital, Inc. to make inquiries of third parties such as credit bureaus. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from that employer prior to beginning work. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment. I also understand that all offers of employment are contingent upon receipt of satisfactory verification of information.

If employed, I understand that, except as may be modified by South Carolina State Statute, my employment may be ended at any time, at the option of either Oasis Animal Hospital, Inc. or myself for any reason, with or without advance notice. This understanding cannot be changed, except in writing by an officer of Oasis Animal Hospital, Inc.

Print name: _____

Signature: _____

Date: _____

Thank you for applying at Oasis Animal Hospital.