



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.

Date:

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 applied at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	

PERSONAL DATA			
Name: (Last)	(First)	(Middle)	Social Security Number: (optional) - -
Address:			
City:	State:	Zip Code:	
Home Telephone: () -	Message/Office Telephone: () - ext:	Cellular Telephone: () -	
May we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, you will be required to furnish proof that you are legally authorized to work in the United States.		
Indicate names used for employment or education purposes if different from above:			
Name: _____	Company/School: _____		
Name: _____	Company/School: _____		
Have you ever been employed by Oasis Animal Hospital, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position held: _____		Dates: _____	

REFERENCE INFORMATION
From what specific source did you first learn of this position vacancy?
<input type="checkbox"/> Employee of Oasis Animal Hospital, Inc. (name):
<input type="checkbox"/> Internet
<input type="checkbox"/> Newspaper publication
<input type="checkbox"/> Other (please specify):

COMPUTER USE AND KEYBOARDING SKILLS PROFILE						
<input type="checkbox"/> Typing	wpm:	<input type="checkbox"/> Transcription	wpm:	<input type="checkbox"/> Shorthand	wpm:	<input type="checkbox"/> 10-key
	Advanced	Intermediate	Beginner	Software Used	Hardware Used	
Word Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Spreadsheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
E-Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Veterinary Specific Software (name and version):						
Other Skills:						

EMPLOYMENT HISTORY

Please fill out completely. A resume may be attached, but will not be accepted in place of any information required on this form.

List all employment activity for the past 10 years, starting with your most recent position. Also include any volunteer work which relates to the job for which you are applying. If you were unemployed for any period, state the nature of your activities. As your work experience is an important factor in determining a position for which you are best suited, please complete this application carefully. If you need additional space, please add additional sheets.

Dates (month & year) From: _____ To: _____	Name of Employer:	Your Title: Duties: _____
Total Years Worked:	Address:	
Starting Salary: \$	City, State, & Zip Code:	
Ending Salary: \$	Telephone Number: () - ext.	
Name and Title of Immediate Supervisor:		Reason for leaving or wishing to leave:
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

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		Reason for leaving or wishing to leave:
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION HISTORY			
HIGH SCHOOL			
Type	Name of School	City & State	
<input type="checkbox"/> Some high school			
<input type="checkbox"/> High school graduate/G.E.D.			
COLLEGE			
Type	Field of Study	Name of School	City & State
<input type="checkbox"/> Some college			
<input type="checkbox"/> Associate degree			
<input type="checkbox"/> Bachelor's degree			
<input type="checkbox"/> Some graduate school			
<input type="checkbox"/> Master's degree			
<input type="checkbox"/> Doctorate degree			
<input type="checkbox"/> Professional degree			
CERTIFICATES / LICENSES			
Type	Field of Study	Name of School	City & State
<input type="checkbox"/> Professional certificate/license			
<input type="checkbox"/> Trade or Craft certificate/license			

OTHER PERTINENT INFORMATION
Do you have any relatives working for Oasis Animal Hospital, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No Name(s): _____ Relationship(s): _____
Have you ever been convicted of any crime as an adult (excluding traffic violations other than felonies)? A conviction includes a plea, verdict, or finding of guilt, regardless of whether sentence is imposed by the court. <i>A criminal conviction will not necessarily disqualify an applicant from employment.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
I choose to waive my right to receive copies of all public records that may be obtained regarding me as a result of my application for employment with Oasis Animal Hospital, Inc. (e.g., records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment). <input type="checkbox"/> Yes <input type="checkbox"/> No
The position for which you applied may require the use of a motor vehicle for Oasis Animal Hospital business. Should you be offered and accept a Oasis Animal Hospital, Inc. position, can you furnish a current, valid South Carolina Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Drivers license number: _____ State (if not South Carolina): _____
Please indicate any additional information you consider pertinent to your application for employment.

APPLICANT STATEMENT
<p>I understand that any additional materials I provide to 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.</p> <p>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 any personnel record 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 form 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.</p> <p>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.</p> <p>Print Name: _____ Signature: _____ Date: _____</p>

**THIS PAGE FOR USE BY:
OASIS ANIMAL HOSPITAL, INC.**

INTERVIEWED BY:	DATE:
COMMENTS:	

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COMMENTS:	

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COMMENTS:	