



**Canyon Creek Animal Hospital**  
**7730 Rancho Santa Fe Road #104**  
**Carlsbad, CA 92009**

**Tel # (760) 632-1212**  
**Fax# (760) 632-1284**

**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_

Position: \_\_\_\_\_

<b>Name (First)</b>	<b>(Middle)</b>	<b>(Last)</b>	<b>Telephone</b>
			Home: ( ) _____
<b>Address (Number, Street, City, State, Zip)</b>			Other: ( ) _____
How did you learn about Canyon Creek? (Check one) Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Other: _____			Salary desired:

Are you legally eligible to be employed in the United States? YES  NO   
 (Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES  NO   
 (If no, you may be required to provide authorization to work.)

If you are bi-lingual, what languages do you speak?

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**EDUCATION HISTORY**

High School	Location	Grade Completed

***College, Trade School or Special Training***

Name of School	Location	Dates Attended	Degree/Certificate

Do you have any relatives or friends who work for Canyon Creek? YES  NO   
If yes, who and where do they work? \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying?  
YES  NO

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

If NO, please list \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor, which resulted in imprisonment within the last seven years? YES  NO

If YES, please explain:  
(A conviction will not necessarily result in the denial of employment. All circumstances will be considered)

\_\_\_\_\_

Check time willing to work:  Days  Evenings  Full Time  Part Time

Circle days of week you are NOT available to work:  
Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

When would you be available to begin work? \_\_\_\_\_

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### EMPLOYMENT HISTORY

List present or most recent job position first. Cover last 7 years, including periods of self-employment, or unemployment. Fill in all information

Are you presently employed? YES  NO  If YES, may we contact your employer? YES  NO

<b>Name of employer:</b>	<b>Supervisors name:</b>	<b>Title:</b>
<b>Address:</b>		<b>Phone:</b>
<b>Position:</b>	<b>Describe major duties:</b>	
<b>From:</b> _____ <b>To:</b> _____	<b>Salary or wages: Beginning \$</b> _____ <b>Final \$</b> _____	
<b>Reason for leaving:</b>		

<b>Name of employer:</b>	<b>Supervisors name:</b>	<b>Title:</b>
<b>Address:</b>		<b>Phone:</b>
<b>Position:</b>	<b>Describe major duties:</b>	
<b>From: _____ To: _____</b>	<b>Salary or wages: Beginning \$ _____ Final \$ _____</b>	
<b>Reason for leaving:</b>		

<b>Name of employer:</b>	<b>Supervisors name:</b>	<b>Title:</b>
<b>Address:</b>		<b>Phone:</b>
<b>Position:</b>	<b>Describe major duties:</b>	
<b>From: _____ To: _____</b>	<b>Salary or wages: Beginning \$ _____ Final \$ _____</b>	
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<b>Name of employer:</b>	<b>Supervisors name:</b>	<b>Title:</b>
<b>Address:</b>		<b>Phone:</b>
<b>Position:</b>	<b>Describe major duties:</b>	
<b>From: _____ To: _____</b>	<b>Salary or wages: Beginning \$ _____ Final \$ _____</b>	
<b>Reason for leaving:</b>		

**PROFESSIONAL REFERENCES**  
Other than relatives and past employers:

1. Name \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
Address \_\_\_\_\_
  
2. Name \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
Address \_\_\_\_\_
  
3. Name \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
Address \_\_\_\_\_

APPLICANT CERTIFICATION

I understand that Canyon Creek Animal Hospital may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If Canyon Creek Animal Hospital has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the locations, pursuant to Canyon Creek Animal Hospital's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with Canyon Creek Animal Hospital's policies and applicable federal, state, and local law.

If employed by Canyon Creek Animal Hospital, I understand and agree that Canyon Creek Animal Hospital, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

CANYON CREEK ANIMAL HOSPITAL IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, CANYON CREEK ANIMAL HOSPITAL OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT

TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF CANYON CREEK ANIMAL HOSPITAL.

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Applicant's Signature

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Date