



Veterinary Services of Hawaii, Inc.

dba Kalihi Pet Clinic

2203 South Beretania Street • Honolulu, HI 96826 • (808) 951-8808

EMPLOYMENT APPLICATION

Veterinary Services of Hawaii, dba Kalihi Pet Clinic, is an Equal Opportunity and Affirmative Action employer and complies with all applicable Federal, State of Local laws concerning discrimination in employment.

Date _____

General Information:

Name: _____		
_____ Last	_____ First	_____ Social Security No.
Present Address: _____		
_____ Number	_____ Street	
_____ City	_____ State	_____ Zip Code
Telephone No.: _____ (Home) _____ (Cell)		
email address: _____		
Are you a U.S. Citizen or otherwise currently authorized to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by this organization in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any relatives employed with Kalihi Pet Clinic? Yes No

If yes, please provide their names.

Name	Relationship to you	Position

Are you presently employed? Yes No

Job Interest:

What position are you applying for? _____

How did you hear about this job opportunity? _____

How many hours can you work weekly? _____ Can you work nights? Yes No

Employment status desired Full-time Part-time Full-or Part-time

Do you have a Driver's License? Yes No

Driver's License No.: _____ State of Issue: _____ Exp. Date: _____

What is your means of transportation to work? _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

Education:

	Name of School	Location	Years Completed	Major & Degree
High School				
College / University				
Trade or Business School				
Professional School				

References:

Name	Occupation
Address	Telephone No.

Name	Occupation
Address	Telephone No.

Work History:

Name of Employer:	Employment Dates	Pay or Salary
Address:	From:	Start:
City, State, Zip Code:	To:	Final:
Phone No.:	Duties Performed:	
Name of Supervisor:		
Reason for Leaving:		

Name of Employer:	Employment Dates	Pay or Salary
Address:	From:	Start:
City, State, Zip Code:	To:	Final:
Phone No.:	Duties Performed:	
Name of Supervisor:		
Reason for Leaving:		

Name of Employer:	Employment Dates	Pay or Salary
Address:	From:	Start:
City, State, Zip Code:	To:	Final:
Phone No.:	Duties Performed:	
Name of Supervisor:		
Reason for Leaving:		

Medical Information:

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination (or drug test) at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical (or drug) examination at Company expense and by a Company-chosen physician. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Company. _____

Applicant's Initials

Note:

It is the policy of this Company to hire only U.S. citizens and aliens who are authorized to work in this Country. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. immigration and Naturalization Service's Form I-9).

Certification of Applicant:

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission made herein, when discovered, will subject me to discharge. I authorize the Company to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for the Company's consideration of my application for employment, I hereby release the Company and all providers of information (including but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any injury by the Company regarding my work history, education, character, reputation, and background.

This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice.

Applicant's Signature

Date