

Valley Vet Supply
Human Resources Director
1118 Pony Express Hwy
Marysville, KS 66508
(785) 562-5106 (800) 446-5597 (Fax)
hr@valleyvet.com

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION ____ / ____ / ____

Valley Vet Supply is an Equal Opportunity Employer. This application will not be used for limiting or excluding any applicant from consideration for employment on the basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should ask that Human Resources be notified to facilitate the necessary accommodations.

If an offer of employment is made, the applicant may be required to undergo a drug screen, physical, and background check. Provide only the information required. Failure to do so will result in disqualification of your application. Pursuant to the IRCA of 1986, all applicants, upon being made an offer of employment, must produce documents, which are specified by the Federal Government, establishing their identity and authorization for employment in the United States.

Please specify the position(s) and/or type of work for which you are applying: _____

Type of employment desired: Full Time Part Time Temporary Desired Salary \$ _____

How did you hear about the position (Facebook, website, newspaper, employee, other)? _____

Legal Name _____
LAST FIRST MIDDLE PREFERRED NAME

Current Address _____ Phone _____
NUMBER AND STREET CITY, STATE, ZIP CODE

Social Security # _____ Email _____ Cell Phone _____

Can your education and/or employment records be verified using the above name and social security number? Yes No

If no, list other name(s) and/or social security number(s) _____

Have you ever applied with us? Yes No If yes, month and year ____ / ____

Have you ever been employed by us? Yes No When? From ____ / ____ to ____ / ____

If yes, what capacity? _____

Do you know anyone who is employed with us? Yes No

Name _____ Occupation _____

Name _____ Occupation _____

Are you 16 years old or older? Yes No

Are you either a U.S. Citizen or an alien who has the right to work in the job for which you are applying? Yes No

What days and hours are you available to work? _____

If hired, what date can you start working? ____ / ____ / ____ Can you work on evenings, weekends, and holidays? Yes No

Are you available to work overtime? Yes No

Do you have anything scheduled in near future (i.e., vacation, etc.) that we may need to schedule around, etc.?

If so please explain. _____

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Equal Opportunity Employer

Years of School Completed	Select One _____ Select One _____	Select One _____ Select One _____
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High School Name	Location
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List Every Business, Trade School, or College Attended	Location (Address, City, State, Zip)	Dates Attended (From – To)	Degree Received/ Course of Study

Were you involved in any extracurricular activities in high school or college that you feel could be beneficial to you in the position you are applying for? (Organizations, offices held, awards, honors received, etc.)

Yes No If yes, please explain

Do you currently have any specialty license(s) or an apprenticeship(s) other than from your above schooling?

Yes No If yes, please list

OTHER INFORMATION

Have you entered a plea of guilty to, been convicted of, or forfeited bond in relation to a felony or any dishonest act? Yes No

If yes, describe in detail:

PRESENT AND PREVIOUS EMPLOYMENT INCLUDING MILITARY SERVICE

Please list the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at the company.

Please complete all blanks thoroughly.

****Show most recent employment first****

STARTING SALARY \$ _____ FROM MO/YR _____ TO MO/YR _____ ENDING SALARY \$ _____	COMPANY _____ CITY AND STATE _____	SUPERVISOR _____ PHONE NUMBER _____
TITLE OF POSITION HELD AND DUTIES PERFORMED		
REASON FOR LEAVING		

STARTING SALARY \$ _____ FROM MO/YR _____ TO MO/YR _____ ENDING SALARY \$ _____	COMPANY _____ CITY AND STATE _____	SUPERVISOR _____ PHONE NUMBER _____
TITLE OF POSITION HELD AND DUTIES PERFORMED		
REASON FOR LEAVING		

STARTING SALARY \$ _____ FROM MO/YR _____ TO MO/YR _____ ENDING SALARY \$ _____	COMPANY _____ CITY AND STATE _____	SUPERVISOR _____ PHONE NUMBER _____
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STARTING SALARY \$ _____ FROM MO/YR _____ TO MO/YR _____ ENDING SALARY \$ _____	COMPANY _____ CITY AND STATE _____	SUPERVISOR _____ PHONE NUMBER _____
TITLE OF POSITION HELD AND DUTIES PERFORMED		
REASON FOR LEAVING		

We may contact the employers listed above unless you indicate those you do not want us to contact.

****ATTACH RESUME OR LETTER, IF NEEDED, TO PROVIDE COMPLETE DETAILS OF EXPERIENCE AND EMPLOYMENT**

Please list the name and phone number of three references

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Important
Read Carefully and Initial Each Paragraph Before Signing

By my signature and initials placed below, I understand that the information provided in this employment application (and accompanying resume, if any) is true and complete; and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to notify the company if any information provided in this application changes while my application is pending or during my period of employment if hired.

Initials _____

I authorize the investigation of all statements contained in this application. I also authorize the company to contact my present employer (unless otherwise noted in my application), past employers, and listed references. I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I release such persons and organizations from legal liability in providing the above information.

Initials _____

I authorize any person, school, current employer (unless otherwise noted in my application), and organizations named in this application form to provide the company with relevant information that may be useful to the company in making a hiring decision; and I release such persons and organizations from any legal liability in making such statements.

Initials _____

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME and may regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME. I understand that I am free to resign at any time. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

Initials _____

This application is current for 90 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application.

Initials _____

Dated: ____ / ____ / _____ Signed: _____

THIS APPLICATION FOR EMPLOYMENT WILL REMAIN ACTIVE FOR 90 DAYS