

**ANIMAL CARE CENTER  
OF PASCO COUNTY**

**BEST CARE  
ANIMAL HOSPITAL**

**COUNTRY OAKS  
ANIMAL HOSPITAL**

4041 Little Road  
New Port Richey, FL 34655  
(727) 376-7600

6041 Trouble Creek Rd  
New Port Richey, FL 34653  
(727) 846-8899

12030 Moon Lake Road  
New Port Richey, FL 34654  
(727) 857-9977

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security# \_\_\_\_\_

Position Desired \_\_\_\_\_ Minimum Salary \_\_\_\_\_

Who referred you to this facility? \_\_\_\_\_ Ever applied here before \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Alternate number ( ) \_\_\_\_\_

**Employment Eligibility**

Are you a citizen of the U.S.? Yes / No	Are you 16 years of age or older? Yes / No
If not, do you have legal right to work in the U.S.? Yes / No	If not, please specify age _____
Do you speak or read any languages fluently besides English? Yes / No	Have you ever been convicted of a felony crime? Yes / No
If yes, which one(s) _____	Are there any criminal charges pending against you? Yes / No
Do you have any impairments, physical or mental that would interfere with your ability to perform the job for which you are applying? Yes / No	We are a Drug-Free Workplace. I understand that if I am a considered a candidate I would be required to submit samples for drug and alcohol testing prior to my employment.
If yes, please specify: _____	Signature _____

**Education**

Education	Name of School	City/State	Years comp	Date left	Degree / Major
High School					
College / University					
Graduate School					
Trade School					

# Employment History

Employment Dates	Employers Name & Address	Position / Job Duties	Reason for leaving:
			Reason for leaving:  Wage/salary:
			Reason for leaving:  Wage/salary:
			Reason for leaving:  Wage/salary:
Is any information relative to change in name, use of an assumed name, maiden name, or nickname necessary to check your work record? If yes, please explain:			
Do you authorize us to contact your previous and present employer for reference prior to employment with this business?      Yes / No			
Authorized signature:		Date:	
Is there anything else you would like us to know about you?			

## **Applicant's Affidavit:**

I certify that the information contained in this application is correct to the best of my knowledge. I authorize investigation of all matters contained in this application and agree that any misleading or false statements would be cause for rejection of this application or would be sufficient cause for dismissal after employment begins. I understand that employment is contingent upon the receipt of negative drug screening results and satisfactory work references by Animal Care Center, Country Oaks Animal Hospital or Best Care Animal Hospital. I further understand that my continued employment will be based on my satisfactory performance and the satisfactory completion of the Probationary Period of employment. I hereby authorize my past and present employers to furnish Animal Care Cente, Country Oaks Animal Hospital or Best Care Animal Hospital with their records of my employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

----- **Do Not Write Below This Line** -----

Called for interview: \_\_\_\_\_ Interview scheduled: \_\_\_\_\_ arrived: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ FT PT (hrs: \_\_\_\_\_)

Scheduling restraints: \_\_\_\_\_

Remarks: