



EMPLOYMENT APPLICATION

Please fill out the form completely and clearly **print** all information here except signature. We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap, disability, sexual orientation, national origin, marital or veteran status, or any other characteristic protected by applicable state, federal, or local law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by federal, state, or local laws. Applicants must be able to lift a minimum of 40 lbs.

PERSONAL INFORMATION

DATE

LAST NAME

FIRST NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

EMPLOYMENT

POSITION APPLIED FOR

\$ _____ / Hour
RATE OF PAY EXPECTED

How did you hear about this opening? _____

Are you looking for full-time employment? ☐ Yes ☐ No

If yes, are you willing to be considered for part-time employment? ☐ Yes ☐ No

For part-time work, please indicate number of hours per week desired: _____ hours/week

Availability (*Check all that apply*): Weekdays ☐ Evenings ☐ Overnights ☐
 Saturdays ☐ Sundays ☐ Holidays ☐

What hours are you *not* available? _____

Our business consists of two sister facilities: *WestPaws Veterinary Center* (Warwick, RI) and *NorthPaws Veterinary Center* (Greenville, RI). Please choose from the following:

- ☐ I prefer to be considered for WestPaws Veterinary (Warwick) ONLY
- ☐ I prefer to be considered for NorthPaws Veterinary Center (Greenville) ONLY
- ☐ I am willing and able to work at either/both NorthPaws and WestPaws

If your application is considered favorably, on what date will you be available to start? _____
Month / Date

Are you legally eligible for employment in the USA? ☐ Yes ☐ No

Have you ever applied to WestPaws or NorthPaws Veterinary Center before? ☐ Yes ☐ No If yes, when? _____ WestPaws or NorthPaws? _____

Because we are a health care facility, we maintain a strict “no smoking on the premises” policy.
Can you adhere to this policy? ☐ Yes ☐ No

EDUCATION

Name of School/Location	Graduated	Degree Obtained	# of Years Attended
<i>High School Name</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>College/University Name</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Other (Graduate/Technical)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Current professional licenses, certifications or registrations:

Additional skills, including but not limited to: computer, math, typing, supervisory, language, or any other information you’d like to bring to our attention. Please list any veterinary software you have used:

Please describe your qualifications (your background and experience) that make you a good candidate for this position.

Describe your educational background including majors, minors and areas of special interest or study.

Why do you want to work at WestPaws?

Describe a specific situation where you have provided excellent customer service in your most recent position. Why was this effective?

WORK HISTORY List your employers, starting with your most recent one first. Please include any non-paid/volunteer experience which is related to the job for which you are applying. **Please complete even if you attach a resume.** Be sure all your experience and employers related to this job are listed here or use an extra sheet of paper if necessary.

COMPANY NAME	COMPANY ADDRESS	COMPANY PHONE
		\$
JOB TITLE	EMPLOYMENT DATES (Month/Year – Month/Year)	HOURLY WAGES

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

REASON FOR LEAVING

SUPERVISOR NAME/TITLE	PHONE
MAY WE CONTACT HIM/HER FOR A PROFESSIONAL REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES:

COMPANY NAME	COMPANY ADDRESS	COMPANY PHONE
		\$
JOB TITLE	EMPLOYMENT DATES (Month/Year – Month/Year)	HOURLY WAGES

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COMPANY NAME	COMPANY ADDRESS	COMPANY PHONE
		\$
POSITION HELD	EMPLOYMENT DATES (Month/Year – Month/Year)	HOURLY WAGES

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

REASON FOR LEAVING

SUPERVISOR NAME/TITLE	PHONE
MAY WE CONTACT HIM/HER FOR A PROFESSIONAL REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES:

WestPaws Veterinary Center • 1200 Bald Hill Road • Warwick, RI 02886 • Phone: (401) 828-5767

Fax: (401) 826-8903 • Website: www.westpaws.com • Email: aterrypappas@westpaws.com

Revised 6.15.18

Acknowledgement of Background Screening

WestPaws Veterinary Center may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. **Any information obtained will be used only for background screening purposes and will not be taken into consideration in any employment decisions.**

I understand that WestPaws will require additional written permission prior to performing a background screen, and that this disclaimer serves to notify me that a background screen will be necessary in order to complete my application process.

APPLICANT INITIAL HERE

At-Will Employment Statement

I understand that employment at WestPaws Veterinary Center is "at-will", and neither the employee nor WestPaws Veterinary Center enters into a contract regarding the duration of employment. Employees are free to terminate their employment with WestPaws Veterinary Center at any time, with or without reason. Likewise, WestPaws Veterinary Center has the right to terminate employment, or otherwise discipline, transfer, or demote the employee at any time, with or without reason, at the discretion of WestPaws Veterinary Center.

APPLICANT INITIAL HERE

I hereby certify that the information contained on this application, or any other information I submit to WestPaws Veterinary Center (WPVC) in connection with my application for employment, is true and correct to the best of my knowledge and agree to have any such statements or information checked by WPVC. I authorize WPVC to make a thorough investigation of my references, past employment, education, and to secure additional job-related information about me. I also authorize the references listed above, as well as all other individuals whom WPVC contacts, to provide WPVC with any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to WPVC as well as from any use or disclosure of such information by WPVC or any of its agents, employees or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application, or any other information I submit to WPVC in connection with my application for employment, may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment. I understand that filling out this form does not indicate that there is a position open and does not obligate WPVC to hire me.

I understand that if I am hired by WPVC, my employment will be "at-will" and, just as I will be free to resign at any time, WPVC reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no employee or representative of WPVC has any authority to enter into a contract of employment, express or implies, that changes or modifies in any way such employment at-will. I also understand that I am required to abide by all rules, regulations and policies of WestPaws Veterinary Center.

APPLICANT NAME (PRINT)

APPLICANT SIGNATURE

DATE

****To complete the employment application process, please submit:**

1.) Application 2.) Cover Letter 3.) Current Resume

WestPaws Veterinary Center Use Only:

Date Received: _____

Received By: _____