



Dr. Mike Stacy
Dr. Amy James

650 O'Neal Ln
Baton Rouge, LA 70816
225.273.0579

Employment Application

Date Received: _____

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: () -		Are you a United States Citizen or legally eligible to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>	
Work Phone: () -			
Other: () -			
Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Title of Position Applying For			Date Available to Work
Have you been previously interviewed or employed by ONLPH? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for ONLPH? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	

Education			
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			

Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: _____ Finish: _____		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: _____ Finish: _____		
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Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: _____ Finish: _____		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please describe why you would like join our team:

References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

Please indicate whether you hold the following valid drivers licenses:

Class A _____ Class B _____ Class C _____ Class D _____ Class E _____

Drivers License Number: _____ State Issued: _____

Election of Veteran's Preference	
Do you wish to claim a veteran's preference? _____ Yes _____ No	
If so please check the preference you are claiming.	
____ Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).	
____ Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).	
____ Spouse of deceased veteran.	
____ Spouse of disabled veteran who is unable to use preference due to disability.	
Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.	
Signature _____	Date _____

O'Neal Lane Pet Hospital is an Equal Opportunity Employer. It is the policy of ONLPH not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date