



Cheat Lake Animal Hospital  
286 Fairchance Road  
Morgantown, WV 26508  
Phone: (304) 594-1124  
Fax: (304) 594-1911

Dear Applicant:

In order to be considered for employment with Cheat Lake Animal Hospital, an Application for Employment must be completed. Please complete the attached application and return it to Cheat Lake Animal Hospital.

An Equal Opportunity Employer Information form is located on the last page of the application. We ask that you complete and return it separate from your application. Returning the Equal Opportunity Employer Information form is not a requirement for this employment opportunity—it is your option to send us this information. The information is used only for recordkeeping in compliance with federal law. It will be kept confidential and separate from you employment application. Any persons who are responsible for making the decision in this employment opening will not view it. We request that you complete and return the Equal Opportunity Employer Information form to the following address:

Hospital Administrator  
Cheat Lake Animal Hospital  
286 Fairchance Road  
Morgantown, WV 26508

Thank you.

Cheat Lake Animal Hospital



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 286 Fairchance Rd.  
 Morgantown, WV  
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## APPLICATION FOR EMPLOYMENT

Cheat Lake Animal Hospital is an equal opportunity employer. Cheat Lake Animal Hospital does not discriminate on the basis of race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status.

Position(s) Applied For		Date of Application	
County:	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 yrs old? <input type="checkbox"/> Yes <input type="checkbox"/> No Age, if under 18: _____	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	

### Contact Information

Last Name		First Name		Middle Name	
Address: Number	Street	City	State	Zip	
Primary Telephone Number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell			County _____		
Secondary Telephone Number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other _____			Social Security Number: _____ - _____ - _____		
Email Address:					
Other Names That You Have Gone By					

Previous addresses and dates for the past <b>SEVEN</b> years. When applicable, include addresses at which you resided while attending school. If more than three, include an additional sheet of paper with the requested address information.						
From:	To:	Number	Street	City	State	Zip
-						
From:	To:	Number	Street	City	State	Zip
-						
From:	To:	Number	Street	City	State	Zip
-						



Have you ever filed an application with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Does your spouse, any of your friends or relatives or a person living in your household work here?  Yes  No  
 If Yes, state name, relationship, and location \_\_\_\_\_  
 \_\_\_\_\_

Do you have a previous criminal conviction?  Yes  No  
 (Conviction does not automatically disqualify an applicant from employment).  
 If Yes, state date(s) and nature of conviction (s) \_\_\_\_\_  
 \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment*

## Education

Highest Level of Education Attained (Choose one):	<input type="checkbox"/> Less than High School/GED	<input type="checkbox"/> High School/GED	<input type="checkbox"/> Some College
	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelors Degree	<input type="checkbox"/> Graduate Degree

School	Name and Address of School	Course of Study/Major	Diploma or Type of Degree	Number of Years Completed	Graduated Yes/No
High School					
Undergraduate College					
Graduate/ Professional					
Other (specify)					



## Work Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed		Job Duties
Address	From	To	
Telephone Numbers			
Starting/Present Title			
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Job Duties
Address	From	To	
Telephone Numbers			
Starting/Present Title			
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Job Duties
Address	From	To	
Telephone Numbers			
Starting/Present Title			
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## List professional certifications and licenses

Type of certificate/license	Issuing Authority	Issue date	Expiration date



**Describe any specialized training or skills**

**List professional, business or civic activities**

*Please exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other legally protected status.*

**Additional Information:  
Other Qualifications/Relevant Volunteer Activities/Comments**

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE REVIEWED THE ESSENTIAL FUNCTIONS OF THE POSITION(S) FOR WHICH YOU ARE APPLYING.**

Are you capable of performing with or without reasonable accommodation(s), the essential functions of the position(s) for which you are applying? A review of the activities involved in such a job or occupation has been given.  Yes  No

**Personal/Professional References** Include a minimum of one professional reference. Do Not include family members or past or current supervisors.

Personal/ Professional	Name	Address	Phone Number	Best Time to Call	Occupation



## Employment Application Consent Form

I \_\_\_\_\_, authorize Cheat Lake Animal Hospital and /or its agents to conduct independent investigation of my background, references, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of verifying the information contained on my application.

I release Cheat Lake Animal Hospital and/or its agents and any person or organization that provides information related to this authorization from any and all liabilities, claims, or lawsuits in regard to the information obtained from any of the above.

I affirm that all information on this application is correct and complete. I understand that any misstatement of facts will be grounds for the disqualification of this application. If hired, a misrepresentation will be grounds for discharge.

I have been informed that Cheat Lake Animal Hospital is an Equal Employment Opportunity Employer and does not discriminate on the basis of race, sex, age, disability, veteran status, religion, sexual orientation, color or national origin.

Nothing on this application is intended to create or imply a contractual relationship. If I am hired I understand that employment is "at will", is not for any specific time period, and can be terminated with or without reason at any time.

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed application to:  
Cheat Lake Animal Hospital  
286 Fairchance Road  
Morgantown, WV 26508  
Phone: (304) 594-1124  
FAX: (304) 594-1191



## Equal Opportunity Employer Information

**To The Applicant – Very Important – Do NOT Submit with Application**

**Send separately to:** Human Resources/EEO, Cheat Lake Animal Hospital, 286 Fairchance Road, Morgantown, WV 26508

Position(s) Applied For	Date of Application
County:	<b>For OFFICE use only - Job Posting Number:</b>

In order to comply with Federal requirements, any information not provided by the applicant that is required for legal compliance will be supplied by Cheat Lake Animal Hospital on a “Best Knowledge” basis.

**THIS CONFIDENTIAL INFORMATION WILL NOT BE VIEWED BY THE INTERVIEWER, AND WILL BE RETAINED IN A SEPARATE FILE TO FACILITATE THE REPORTING AND AUDITING OF EQUAL OPPORTUNITY PROGRESS AS IT RELATES TO MINORITIES, WOMEN, VIETNAM ERA VETERANS, DISABLED VETERANS, AND THE HANDICAPPED AS DEFINED BY LAW.**

Last Name	First Name	Middle Name	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Address <i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
(Area Code) Phone Number	Social Security Number	Date of Birth		
_____	-    -    -	/    /    -		
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Discharge Date _____ / _____ / _____		

Check here if you are a disabled person or a disabled veteran. To aid in your placement consideration cite any physical or mental impairments that would require special on-the job accommodations. \_\_\_\_\_

### Race or Ethnic Identification

- (1) American Indian or Alaskan Native (Not Hispanic or Latino) – All persons having origins in any of the original peoples of North America, Central America, or South America and who maintain cultural identification through tribal affiliation or community recognition.
- (2) Asian or Pacific Islander (Not Hispanic or Latino) – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands, Samoa, Vietnam, India, Pakistan, and Bangladesh.
- (3) Black (Not Hispanic or Latino) – All persons having origins in any of the black racial groups of Africa.
- (4) Hispanic or Latino – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- (5) White (Not Hispanic or Latino) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- (6) Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

I certify that I fully understand that Cheat Lake Animal Hospital’s purpose in obtaining the above information and further certify that my responses are true to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE