

# SEVEN HILLS VETERINARY CLINIC

## APPLICATION FOR EMPLOYMENT

Instructions to Applicant: Please print legibly and complete all pages of this application and sign the last page. Incomplete applications will not be given consideration. Resumes and other materials may be attached.

Date: \_\_\_\_\_

### PERSONAL INFORMATION:

Name (Last, First, Middle): \_\_\_\_\_

List any other name(s) you have been employed under: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Circle One: Are you over 18 years of age? YES NO

Are you legally permitted to work in the United States? (Proof required at time of hire.) YES NO

Seven Hills Vet Clinic is a drug free workplace. Are you willing to take drug test for employment? YES NO

Do you give Seven Hills Vet Clinic permission to run a background check for employment? YES NO

Have you ever been convicted of a law violation since age 16? YES NO

If yes, please describe: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current Address \_\_\_\_\_

Time lived at this address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Former Address(es) (If moved within 5 years) \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Rate of pay desired? \_\_\_\_\_

Employment Desired: (Circle One) Full-Time Part-time Temp How many Hours? \_\_\_\_\_

Clinic hours are 7:30am-5:30pm M-F and Saturday 8am -12pm. What is your availability?

\_\_\_\_\_

This position may require you attendance to work when the clinic is not open to the public

Are you willing and able to work beyond clinic hours? \_\_\_\_\_

What is your availability to work? \_\_\_\_\_

This position may require you to drive a vehicle. Do you have a current driver's license? YES NO

Do you have reliable transportation to work? YES NO

Have you ever worked at a vet clinic before? \_\_\_\_\_ When and where? \_\_\_\_\_

What is your related job experience? \_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

Are you a High School graduate or do you have an equivalency (GED) certificate? (Circle One) YES NO

College Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

College Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**FORMER EMPLOYERS:** List below all present and past employments, beginning with your most recent.

EMPLOYER: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Period of Employment: From: \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

May we contact this employer? \_\_\_\_\_ If no, explain: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Period of Employment: From: \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ If no, explain: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Period of Employment: From: \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ If no, explain: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Period of Employment: From: \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ If no, explain: \_\_\_\_\_

Why do you want to work at Seven Hills Veterinary Clinic?

---

---

Please list all the pets you own: (include names, species, & age) \_\_\_\_\_

---

Additional qualifications: Please list any other related training, skills, certifications, or individual experience that would prepare you for the position that you have applied for.

---

---

---

---

**REFERENCES:** Please provide the names of three persons that are not related to you and include 1-2 supervisors and/or employers.

Name	Phone	Years Known
------	-------	-------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I, \_\_\_\_\_, have completed this application for employment with Seven Hills

Veterinary Clinic with truthful and accurate information. I understand that any false or inaccurate information could result in disqualification of this application and/or termination of employment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_