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:_____

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: _____

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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: _____

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EMPLOYER:_____

Address/Phone:_____

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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: _____