

APPLICATION FOR EMPLOYMENT

(Please print clearly)

An Equal Opportunity Employer

Our practice does not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, disability, or any other status protected by applicable law or regulation. It is our intent that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Date _____

Name _____
Last First Middle

Have you worked for any entity under a different name? Yes No

If yes, give name _____

Present address _____ Phone _____
No. Street City State Zip

Position applied for _____ Email address _____

Employment you are seeking Full-time Part-time Specify days and hours if part-time _____

Were you previously employed by this organization? _____ If yes, when? _____

List any friends or relatives working here, other than spouse _____
Name(s)

If your application is considered favorably, on what date will you be available for work? _____ 20_____

Are there any other work experiences, skills, or qualifications that you feel would especially qualify you for employment here?
Please add any additional comments you think are important for us to consider. Use an additional sheet of paper if necessary.

If hired, can you furnish proof you are eligible to work in the United States? Yes No

Have you previously applied here? Yes No

If yes, when? _____

If you are applying for a position with minimum age requirements, you may be required to submit proof of age.

For jobs with minimum age requirements: Are you 18 years of age or older? Yes No

For driving positions only: Do you have a valid driver's license? Yes No

Driver's license number _____ Type/Class of license _____ State _____

Has your driver's license been revoked or suspended in the last 3 years? Yes No

Personal References (not former employers or relatives)

Name and Occupation	Address	Phone

Education Record—Nonveterinarians Only

Name of School	Years Completed	Degree Awarded	Grade Average	Honors
High School				
College or University				
Business, Trade, Correspondence, or Night School				
Other				
Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, _____ WPM				
List office machines, computers, and software you are qualified to operate				
List any special honors, recognitions, awards				

Education Record—Veterinarians Only

Name of School	Years Completed	Degree Awarded	Grade Average	Honors
High School				
College or University (Preveterinary)				
College (Veterinary Curriculum)				
Postgraduate training (including internships, dates, and degrees awarded, if any)				
Are you board certified? <input type="checkbox"/> Board eligible? <input type="checkbox"/> Which specialty board?				
List continuing education courses completed in the past 18 months				
List the states in which you are licensed to practice along with license numbers				
List any special honors, recognitions, awards				

Relevant Special Interests/Organizations

(Do not include any labor organization, or memberships that reveal race, sex, age, veteran status, disability, or other protected status.)

Name or Description of Organization	Active Participation		Offices Held
	From	To	