

Application for Employment

Date: _____

Applicant Information:

Applicant Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Referred By: _____

Employment Desired:

Position: _____

Date you can start: _____

Please circle: Part-time desired / Full-time desired

Salary desired: _____

Are you currently employed? _____

If so, may we inquire of your present employer? _____

Have you ever applied to Twin City Veterinary Clinic before? _____

If so, when/what position? _____

Employment History: (most recent first)

Name of Employer: _____

From: _____

Address: _____

To: _____

Phone Number: _____

Position Held: _____

Salary: _____

Reason for Leaving: _____

Supervisor's Name: _____

Name of Employer: _____

From: _____

Address: _____

To: _____

Phone Number: _____

Position Held: _____

Salary: _____

Reason for Leaving: _____

Supervisor's Name: _____

Name of Employer: _____

From: _____

Address: _____

To: _____

Phone Number: _____

Position Held: _____

Salary: _____

Reason for Leaving: _____

Supervisor's Name: _____

Education:

High School Attended: _____

City and State: _____

Did you graduate? Yes No If no, did you obtain GED? Yes No

Are you 18 years old or older? Yes No

College Attended: _____

City and State: _____

Did you graduate? Yes No

Degree or Course of study: _____

Trade, Business or Correspondence School Attended: _____

General:

Special Training or Skills: _____

Professional References: (please do not use family members)

1. Name: _____

Relationship: _____

Contact Phone Number: _____

2. Name: _____

Relationship: _____

Contact Phone Number: _____

Please answer the following questions:

1. What is your greatest asset and how does it apply for you to be a good employee?

2. In your own words, define professionalism.

3. What does teamwork mean to you?

4. What do you hope to gain by working in a veterinary clinic?

5. What do you see yourself doing ten years from now?

Authorization:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also give this company authorization to run a background check and consent to drug testing prior to employment."

Applicant's Signature

Date

***In our application process, we will contact you if you are selected for advancement to the next hiring stage. Those not selected for further interviewing will not be contacted.**