

**Ferry Farm Animal Clinic, Ltd.**  
 386 Kings Highway Fredericksburg Virginia 22405  
 (540)371-5090 Fax (540)371-5198  
 www.ferryfarmvet.com

**APPLICATION FOR EMPLOYMENT**

IT IS OUR POLICY TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS PROHIBITING DISCRIMINATION IN EMPLOYMENT BASED ON RACE, AGE, COLOR, RELIGION, NATIONAL ORIGIN OR OTHER PROTECTED CLASSIFICATION.

ANY APPLICANT CONSIDERED FOR EMPLOYMENT IS REQUIRED TO HAVE A DRUG SCREEN DONE PRIOR TO EMPLOYMENT.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

TELEPHONE \_\_\_\_\_ Are you over 18 years old? YES / NO

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? YES / NO

Are you able to perform these essential functions? YES / NO

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

Circle shift preferred: Part time / Full time

Are you willing to work overtime as required? YES / NO

Have you ever been convicted of a felony? YES / NO

(Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA / DEGREE
High School				
College/Univ.				
College/Univ.				
Other training/education:				

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our company? \_\_\_\_\_

\_\_\_\_\_

POSITION APPLIED FOR: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Wage or salary desired: \$ \_\_\_\_\_ When can you start? \_\_\_\_\_

**WORK HISTORY:**

MOST RECENT EMPLOYER:	ADDRESS:	TELEPHONE:
START DATE:	STARTING SALARY:	STARTING POSITION:
DATE LEFT:	SALARY ON LEAVING:	POSITION ON LEAVING:
NAME & TITLE OF SUPERVISOR:		
DESCRIPTION OF DUTIES:		REASON FOR LEAVING:

MOST RECENT EMPLOYER:	ADDRESS:	TELEPHONE:
START DATE:	STARTING SALARY:	STARTING POSITION:
DATE LEFT:	SALARY ON LEAVING:	POSITION ON LEAVING:
NAME & TITLE OF SUPERVISOR:		
DESCRIPTION OF DUTIES:		REASON FOR LEAVING:

MOST RECENT EMPLOYER:	ADDRESS:	TELEPHONE:
START DATE:	STARTING SALARY:	STARTING POSITION:
DATE LEFT:	SALARY ON LEAVING:	POSITION ON LEAVING:
NAME & TITLE OF SUPERVISOR:		
DESCRIPTION OF DUTIES:		REASON FOR LEAVING:

**MAY WE CONTACT YOUR PRESENT EMPLOYER? YES / NO**

**APPLICANTS CERTIFICATION AND AGREEMENT**

I CERTIFY THAT THE FACTS SET FORTH IN THIS Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the company to make an investigation of any of the facts set forth in this application.

I understand that employment at this company is "at will", which means that either I or the company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the company other than the president has any authority to alter the foregoing.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_