

# **Employment Application**

Please fill out the form completely and clearly **print** all information here except signature. Applicants may be tested for illegal drugs. We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap, disability, sexual orientation, national origin, or any other characteristic protected by applicable federal, state, or local law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by federal, state or local laws. It is Seven Bends Veterinary Hospital ("SBVH") policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as provided under the Americans with Disabilities Act or other applicable laws

YOUR NAME					
LA	\ST	FIRST		MIDDLE	
SSN		EMAIL ADDRESS			
•		enrolled in school un becify.			
PRESENT ADDRESS					
	STREET AD	DRESS			
	CITY	STA	TE	ZIP	
HOME PHONE		CELL PHON	E		
ARE YOU 18 YRS OR	OLDER?Y	ESNO ARE YO	0U 16 YR	S OR OLDER ?	_YESNO
WHAT POSITION AF	RE YOU APPLYII	NG FOR?			
		Bends Veterinary He		– efore?yes	no
Employment Desire	d: full-time on	ly part-time	e only	full or part-tir	ne
Are you able to per accommodation?		tial functions for wh no	ich you a	are applying with o	r without
Are you employed r	now?yes _	no When can y	ou start	?	
May we contact you	ur present emp	loyer?yes n	o Salary	y desired?	

Are you legally eligible for employment in the USA? \_\_\_\_yes \_\_\_\_no All new hires will be required to provide proof of eligibility to work in the USA.

Have you ever pled "guilty or "no contest" to or been convicted of a felony? \_\_\_\_yes \_\_\_\_no

Have you been convicted of a misdemeanor in the last seven years? \_\_\_\_yes \_\_\_\_no

If yes to either, please explain. \_\_\_\_\_\_

Because we are a health care facility, we maintain a strict "no smoking on the premises" policy. Can you adhere to this policy? \_\_\_\_yes \_\_\_\_no

If necessary for the job, are you able to provide a valid driver's license? \_\_\_\_\_yes \_\_\_\_\_no

Are there any other work experiences, skills or qualifications that you feel would especially fit you for work here? Please add any additional comments you think are important for us to consider.

Professional Licenses, Certifications or Registrations: \_\_\_\_\_

Additional skills including but not limited to computer, math, typing, supervisory, language, or any other information regarding the career you wish to bring to our attentions. Pleas list veterinary software you have used.

### **EDUCATION – NON VETERINARIANS**

Dates attended	Diploma received		-
	Yes	No	
Dates attended	Degree rec	eived	_
	Yes	No	
	Degree Re	eceived	
		YesYesYes	Yes No Dates attended Degree received

Yes\_\_\_\_No\_\_\_\_

Computer experience? \_\_\_\_\_yes \_\_\_\_no If yes, programs you are familiar with:

## **EDUCATION RECORD – VETERINARIANS ONLY**

High School Name & address	Dates attended	Diploma received		ed
		Yes	No	
College/University (pre vet)	Dates attended	Degree re	ceived	_
		Yes	No	
College (Veterinary Curriculum))	Dates attended	Degree r	eceived	_
		Yes	No	_
Postgraduate training, including into	ernships (include dates and o	degrees awar	ded, if any)	
certified?yesno Board elig	ble?yesno			Are you board
Which specialty board?				List continuing
education courses attended in the p	ast 18 months.			
List states in which you are licensed	l to practice along with licen	ise numbers:		
PERSONAL REFERENCES (No	o former employees or r	relatives)		
NAME	_ADDRESS	Р	HONE #	
COMPANY	POSITION	YF	RS KNOWN	
NAME	_ADDRESS	Р	HONE #	

COMPANY	POSITION	YRS KNOWN		
NAME	_ADDRESS	PHONE #		
COMPANY	POSITION	YRS KNOWN		

**EMPLOYMENT HISTORY** List your employers, starting with your most recent one first. Please include any non-paid /volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume. Be sure all your experience or employers related to this job are listed here or use an extra paper if necessary.

Name of employer			
Address		Phone	
Start date	_End Date	_Reason for leaving	
Starting salary	Ending Salary	May we contact for reference?yesno	
Job title		Immediate Supervisor	
List the jobs you held, du	ities performed		
Name of employer			
Address	Phone		
Start date	End Date	Reason for leaving	
Starting salary	Ending Salary	May we contact for reference?yesno	
Job title		Immediate Supervisor	
List the jobs you held, du	ities performed.		
Name of employer			
		Phone	
		Reason for leaving	
		May we contact for reference?yesno	
		Immediate Supervisor	
JOD UILE			

List the jobs you held, duties performed.\_

Name of employer		
Address		Phone
Start date	_End Date	Reason for leaving
Starting salary	_ Ending Salary	May we contact for reference?yesno
Job title		Immediate Supervisor
List the jobs you held, du	ties performed.	

## **RECEPTIONIST & VET ASSISTANT APPLICANTS ONLY:**

Why do you want to work for Seven Bends Veterinary Hospital?

Describe a specific situation where you have provided excellent customer service in your most recent position.

Talk about the last time you took one of your pets to the veterinarian.

#### What is your idea of the perfect job?

I hereby certify that the information contained on this application, or any other information I submit to SBVH for employment, is true and correct to the best of my knowledge and agree to have any such statements or information checked by SBVH. I authorize SBVH to make a thorough investigation of my references, past employment, education, criminal background, and to secure additional job-related information about me. I also authorize the references listed above, as well as other individuals whom SBVH contacts, to provide SBVH with any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to SBVH as well as from any use or disclosure of such information by SBVH or any of its agents, employees or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application, or any other information I submit to SBVH in connection with my application for employment, may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment. I understand that filling out this form does not indicate that there is a position open and does not obligate SBVH to hire me.

I understand that if I am hired by SBVH, my employment will be "at-will" and, just as I will be free to resign at any time, the Company reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no employee or representative of SBVH has any authority to enter into a contract of employment, express or implied, that changes or modifies in any way such employment at-will.

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