



Employment Application
Affirmative Action/Equal Opportunity Employer

PLEASE PRINT OR TYPE. THE ENTIRE FORM MUST BE COMPLETED. KEEP A COPY OF YOUR COMPLETED APPLICATION TO BRING WITH YOU IF YOU ARE SELECTED FOR AN INTERVIEW.

POSITION APPLIED FOR: _____	DATE OF APPLICATION: _____
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Are you a current or past employee of any Veterinary Institution? Yes No
 If yes, employment type: Full-time Part-time Temporary
 Referral Source: Daily Press Newspaper Poquoson Post Internet Employee
 Relative Walk-in Other _____

Last Name _____ First Name _____ Middle Initial _____		
Mailing Address _____		
City _____		
E-mail _____		State _____ Zip _____
Home Phone _____	Other Phone _____	Driver's License or State ID No _____
If necessary, the best time and place to contact you is _____ SSN: _____		
If you are under 18, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you submitted an application or been employed here before? <input type="checkbox"/> Yes, Dates _____ <input type="checkbox"/> No		

Type of Employment Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational/Internship
Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to work some weekends and holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your current employer <input type="checkbox"/> Yes <input type="checkbox"/> No or your former employer(s) <input type="checkbox"/> Yes <input type="checkbox"/> No

<u>FOR OFFICE USE ONLY</u>		
REVIEWER:	__ACCEPTED	__ INT
DATE:	__NOT ACCEPTED _____(REASON)	__ LTR

For additional information, contact:
 Poquoson Veterinary Hospital, 483 Wythe Creek Rd., Poquoson, VA 23662
 Phone (757)868-8532; FAX (757)868-8545
 Web Site <http://www.poquosonvet.com>

-2-
EDUCATION

In the table below, list your education (college, nursing, trades, business, or other schools) in sufficient detail to indicate that you meet the educational requirements specified in the job announcement.

School Name and Location	Major	Number of Hours Or Credits Completed	Graduated or completed program?	Degree Type (HS Diploma, GED, BS, MA, Ph.D)

LICENSE AND CERTIFICATES

List current professional or vocational licenses, certificates, and registrations which you possess and which meet requirements specified in the job announcement. NOTE: Driving records may be checked for positions requiring driving.

TYPE OF CERTIFICATION (License, Certificate, Registration)	PROFESSION OR VOCATION

SKILLS

List skills you possess (such as foreign languages, typing, computer programming, or other skills) which meet requirements specified in the job announcement. Note that you may be required to complete a skills analysis for a specific position.

SKILL AREA (e.g., typing, language, cleaning, medicine)	PROFICIENCY LEVEL (e.g., typing speed, years of experience)

-3-
WORK HISTORY

This section will be used to determine if you meet the requirements in the job announcement. A resume will not substitute.

- LIST each job separately, even if in the same organization. Include unpaid and volunteer work related to the job for which you have applied.
- DESCRIBE each job thoroughly, being sure to describe enough work experience to meet the requirements in the job announcement.
- ***If your application form is incomplete or does not clearly show the experience and/or training required, your application will not be accepted. A resume will not substitute.***
- Poquoson Veterinary Hospital cannot be responsible for material that is illegible or missing as a result of transmitting by fax or which may be lost through the mail.
- PHOTOCOPY page 4 or attach additional pages if you need additional space. Provide the requested information in the same format. Be sure to identify the job by numbering it.
- *If only some of the duties of your jobs meet the requirements the job announcement, indicate the PERCENT OF TIME spent on those duties.*

JOB NO. 1

Current or Last Employer		Address (street & city)		Your Title	Kind of Business
Total Time in Position: Years: Months:		From: (month, year)	To: (month, year)	Supervisor's Name & Telephone Number:	
Average No. of Hours Worked Per Week:	Reason for Leaving:		Supervision/Leadwork: (Check the areas you were responsible for)		
			Assigning & Reviewing Work	Handling Disciplinary Action	
			Rating Work Performance	Responding to Grievances	
			Hiring or Recommending Hiring	Not Responsible for Any of Above	
Major Duties (Be Specific). No credit will be given if not completed.					

JOB NO. 2

Current or Last Employer		Address (street & city)		Your Title	Kind of Business
Total Time in Position: Years: Months:		From: (month, year)	To: (month, year)	Supervisor's Name & Telephone Number:	
Average No. of Hours Worked Per Week:	Reason for Leaving:		Supervision/Leadwork: (Check the areas you were responsible for) Assigning & Reviewing Work Handling Disciplinary Action Rating Work Performance Responding to Grievances Hiring or Recommending Hiring Not Responsible for Any of Above		
Major Duties (Be Specific). No credit will be given if not completed.					

JOB NO. 3

Current or Last Employer		Address (street & city)		Your Title	Kind of Business
Total Time in Position: Years: Months:		From: (month, year)	To: (month, year)	Supervisor's Name & Telephone Number:	
Average No. of Hours Worked Per Week:	Reason for Leaving:		Supervision/Leadwork: (Check the areas you were responsible for) Assigning & Reviewing Work Handling Disciplinary Action Rating Work Performance Responding to Grievances Hiring or Recommending Hiring Not Responsible for Any of Above		
Major Duties (Be Specific). No credit will be given if not completed.					

JOB NO. 4

Current or Last Employer		Address (street & city)		Your Title	Kind of Business
Total Time in Position: Years: Months:		From: (month, year)	To: (month, year)	Supervisor's Name & Telephone Number:	
Average No. of Hours Worked Per Week:	Reason for Leaving:		Supervision/Leadwork: (Check the areas you were responsible for)		
			Assigning & Reviewing Work	Handling Disciplinary Action	
			Rating Work Performance	Responding to Grievances	
			Hiring or Recommending Hiring	Not Responsible for Any of Above	
Major Duties (Be Specific). No credit will be given if not completed.					

ADDITIONAL COMMENTS: (Including explanation of any gaps in employment)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No
If Yes, Please Explain:

(Conviction will not necessarily be a bar to employment, each instance and explanation will be considered in relation to the position for which you are applying)

- 1 Poquoson Veterinary Hospital will contact current and prior employers for reference information.**
- 2 Certain positions may require pre-employment drug screening.**

INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED.

NOTICE Any false, fraudulent, or misleading oral or written statement contained in this application and attached materials or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, dismissal from service if discovered after employment, and/or prosecution for a crime.

I certify and affirm that I have read and understand the above notice. I further certify that I personally completed this application and attached materials or requested its completion and that all statements contained herein are true and complete to the best of my knowledge.

SIGNATURE _____ DATE _____