

## **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: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_

From: \_\_\_\_\_

Address: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

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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? \_\_\_\_\_ If yes, month and year: \_\_\_\_\_

**College Attended:** \_\_\_\_\_

City and State: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If yes, month and year: \_\_\_\_\_

Degree or Course of study: \_\_\_\_\_

**Trade, Business or Correspondence School Attended:** \_\_\_\_\_

\_\_\_\_\_

**General:**

Special Training or Skills: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)? **Yes** **No**

If yes, please describe the crime - state the nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

\_\_\_\_\_

**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?**

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**2. In your own words, define professionalism.**

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**3. What does teamwork mean to you?**

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

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

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**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.”

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**Applicant's Signature**

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**Date**