



The Standard of Veterinary Excellence

VESTAL VETERINARY HOSPITAL APPLICATION FOR EMPLOYMENT

(Please print clearly)

An Equal Opportunity Employer



*We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability.
It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.*

Date _____

Social Security Number _____

Name _____

Telephone _____

Address _____
Street City State Zip Code

E-Mail Address _____ Alt. Telephone _____

Position applied for _____ Full-time _____ Part-time _____

Days and hours available _____ Expected rate of pay _____

Were you previously employed here? _____ If yes, when? _____

Have you previously applied here? _____ If yes, when? _____

How did you hear about us? _____

If your application is considered favorably, when will you be available to work? _____

Are you 18 years of age or older? _____ yes no
If not, you will be required to provide official New York State "work papers".

If hired, can you furnish proof you are eligible to work in the United States? _____ yes no

Have you ever been convicted of a felony? _____ yes no
A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.

If yes, please explain _____

Have you worked for any firm under a different name? _____ yes no

If yes, give name _____

What prompted you to fill out this application today? _____

Are there any work experiences, skills, or other qualifications that you feel would especially fit you for work here? _____

EDUCATION RECORD

<i>Name of School</i>	<i>Degree Awarded</i>	<i>Honors</i>
High School		
College or University		
Business, Trade, or Correspondence School		
Other		
Please circle the computer programs listed of which you are familiar and comfortable:		
Microsoft Word Microsoft Excel Cornerstone Other Veterinary Software _____		
Other software/computer capabilities that may be useful to our practice _____		

Work History (begin with the most recent, listing all past employers)

Name of Company	Address		Phone
Type of Business	Supervisor	Dates employed From To	
Job title	Earnings at hire	At termination	Reason for termination
Description of duties _____ _____			

Name of Company	Address		Phone
Type of Business	Supervisor	Dates employed From To	
Job title	Earnings at hire	At termination	Reason for termination
Description of duties _____ _____			

Name of Company	Address		Phone
Type of Business	Supervisor	Dates employed From To	
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Description of duties _____ _____			

Name of Company	Address		Phone
Type of Business	Supervisor	Dates employed From To	
Job title	Earnings at hire	At termination	Reason for termination
Description of duties _____ _____			

References

Please list at least one former employer and at least two personal references (no relatives, please)

Name	Address	Phone
How does this person know you?		
Name	Address	Phone
How does this person know you?		
Name	Address	Phone
How does this person know you?		
Name	Address	Phone
How does this person know you?		
Name	Address	Phone
How does this person know you?		

Is there anything else you would like to add for us to consider? _____

Affidavit

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration or employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), post employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Signature _____

Date _____