

Wilkes Veterinary Hospital, PLLC

Employment Application

Name (Please Print): _____ Date: _____

Mailing Address: _____

Physical Address (if different from above): _____

Telephone Numbers Home: _____

Cell: _____

Work: _____

Social Security Number: _____

Positions Interested in (Check all that apply):

- Receptionist
- Exam Room Assistant
- Kennel and Housekeeping Assistant

Shifts you are available to work (Check all that apply):

- Weekday Mornings 7 AM to 1 PM
- Weekday Afternoons 12 PM to 5:30 PM
- Saturday Mornings 7:30 AM to 12 PM
- Saturday Afternoons 4:30 PM to 6 PM
- Sunday Mornings 7:30 AM to 9 AM
- Sunday Afternoons 4:30 PM to 6 PM

Number of hours you desire to work per week: _____

Have you applied for a position with us before? _____

Are you currently employed? _____

If yes, may we contact your present employer? _____

What date would you be able to begin work with us? _____

Have you been convicted of a misdemeanor or felony within the past 7 years? _____

If so, please explain: _____

We consider all applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Employment Experience

Start with your present or most recent employment. Include any job-related military service assignments and volunteer activities

1. Employer _____ Address _____

Telephone: _____ Supervisor: _____

Job Title: _____ Job Duties: _____

Dates Employed: From _____ To _____

Reason for leaving: _____

2. Employer _____ Address _____

Telephone: _____ Supervisor: _____

Job Title: _____ Job Duties: _____

Dates Employed: From _____ To _____

Reason for leaving: _____

3. Employer _____ Address _____

Telephone: _____ Supervisor: _____

Job Title: _____ Job Duties: _____

Dates Employed: From _____ To _____

Reason for leaving: _____

4. Employer _____ Address _____

Telephone: _____ Supervisor: _____

Job Title: _____ Job Duties: _____

Dates Employed: From _____ To _____

Reason for leaving: _____

Education

List all schools and colleges attended. Include school location, diploma or degree received or highest level completed. Include course of study and dates of attendance.

High School:	
Address:	
City, state, zip:	
Did you graduate?	
Degree/Diploma earned:	
College/University:	
Address:	
City, state, zip:	
Number of years completed:	
Did you graduate?	
Degree earned:	
College/University:	
Address:	
City, state, zip:	
Number of years completed:	
Did you graduate?	
Degree earned:	
College/University:	
Address:	
City, state, zip:	
Number of years completed:	
Did you graduate?	
Degree earned:	

References

Please provide 5 references that are NOT related to you. At least 3 should have knowledge of your skills and/or job performance.

1. Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

2. Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

3. Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

4. Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

5. Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

Please provide any further information that you feel may be helpful to us in considering your application:

Applicants Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employee may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Wilkes Veterinary Hospital, PLLC.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of Wilkes Veterinary Hospital, PLLC.

Signature of applicant: _____

Date: _____