



Guilford Veterinary Hospital, LLP

81 Saw Mill Road

Guilford, CT 06437

Phone: 203-453-2707 Fax: 203-453-2709

Please visit our website www.guilfordvet.com

APPLICATION FOR EMPLOYMENT

In order that your application may be properly evaluated, it is essential that you answer all questions on this application carefully and completely. You must be 16 years of age to work at the Guilford Veterinary Hospital. You will be considered for employment without regard to your race, creed, sex, religion, marital status, and national origin, status with regard to public assistance, disability or age.

PLEASE PRINT

Name: _____
LAST FIRST MIDDLE

Present Address: _____

How long have you resided at your current address? _____ Phone: _____

Permanent Address if different than above: _____

Position Desired: _____ Salary Desired: _____

Are you currently employed? _____ Where? _____

May we contact your present employer? _____

Are you acquainted with or related to any person employed here? _____

Name: _____ Relationship: _____

Have you ever been convicted of anything other than a traffic ticket? _____

Date available to work: _____ Hours available to work: _____

Can you work Saturdays? _____ Can you work overtime? _____

Do you smoke? _____ Days absent from job last year due to illness: _____

EDUCATION

Name & Location	Major	Years Attended	Graduate?	Degree
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HIGH SCHOOL

COLLEGE OR UNIVERSITY

OTHER

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EMPLOYMENT RECORD

Last/Present Job

Company Name: _____

Full Address: _____

Immediate Supervisor: _____

May we call this person for a reference? _____ Phone Number? _____

Dates of employment: _____ Earnings: _____

Position: _____

Reason for leaving: _____

Previous Job

Company Name: _____

Full Address: _____

Immediate Supervisor: _____

May we call this person for a reference? _____ Phone Number? _____

Dates of employment: _____ Earnings: _____

Position: _____

Reason for leaving: _____

Previous Job

Company Name: _____

Full Address: _____

Immediate Supervisor: _____

May we call this person for a reference? _____ Phone Number? _____

Dates of employment: _____ Earnings: _____

Position: _____

Reason for leaving: _____

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ADDITIONAL REFERENCES (not relatives).

Please include phone number and relationship:

- 1. _____
- 2. _____
- 3. _____

Why would you like to work with a veterinarian?

READ CAREFULLY BEFORE SIGNING

All statements made by me on this application are true to the best of my knowledge and belief. If I have submitted any false information, it is cause for my immediate discharge.

Should I desire to leave your employ, I agree to give my written resignation two weeks prior to my termination date.

At no time, whether I am an employee or not, will any information regarding the patients be revealed to anyone unless I have been specifically instructed to do so.

Name: _____ Date: _____